HEALTH AND SENIOR SERVICES

PUBLIC HEALTH SERVICES BRANCH

DIVISION OF FAMILY HEALTH SERVICES

MATERNAL, CHILD AND COMMUNITY HEALTH SERVICES

CHILD AND ADOLESCENT HEALTH PROGRAM

Childhood Lead Poisoning: State Sanitary Code Chapter XIII

Proposed Readoption with Amendments: N.J.A.C. 8:51

Proposed New Rules: N.J.A.C. 8:51-1.3, 2.5, 9.1, 10.1 and Appendices A through K

Proposed Repeals: N.J.A.C. 8:51-4.4 and Appendix

Proposed Repeal and New Rule: N.J.A.C. 8:51-5.4 and 6.4

Proposed Recodifications with Amendments: N.J.A.C. 8:51-1.3 as 1.4 and 4.5 as 4.4

Authorized By: _____, Heather Howard, Commissioner, Department of Health and Senior Services, in consultation with the Public Health Council, Herbert Yardley, MA, Chair and with the Department of Community Affairs, Charles A. Richman, Acting Commissioner.

Authority: N.J.S.A. 24:14A-1 et seq., particularly 24:14A-11; 26:1A-7; 26:2-137 et seq., particularly 26:2-137.7; 26:2Q-1 et seq., particularly 26:2Q-12 and Executive Order No. 100 (Corzine, April 29, 2008).

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2009- .

A **public hearing** on the proposed new rules will be held between 10:00 A.M. and 11:00 A.M., or until completion of testimony from persons on the list of speakers, whichever is later, on , 2009 at the following location:

New Jersey Department of Health and Senior Services

First Floor Auditorium

Health and Agriculture Building

369 South Warren Street (at Market Street)

Trenton, NJ 08608

(This address is provided to assist interested persons in obtaining driving directions by means of computerized mapping programs; do not mail comments to this address as it is undeliverable.)

Persons wishing to comment on the notice of proposal at the public hearing are requested to telephone Ms. Candy Rae Ellison at (609) 292-5666 by , 2009 to be placed on the list of speakers and to bring an extra written copy of their remarks for submission to the public record. Speakers will be limited to three minutes. The Hearing Officer will give persons who do not pre-register to speak an opportunity to speak if time permits.

Other persons not attending the public hearing but wishing to submit comments on the proposal may send written comments by mail postmarked on or before

, 2010 to:

Ruth Charbonneau, Director

Office of Legal and Regulatory Affairs

Office of the Commissioner

Department of Health and Senior Services

PO Box 360

Trenton, NJ 08625-0360

The agency proposal follows:

Summary

The Department of Health and Senior Services (Department) proposes to readopt the rules at N.J.A.C. 8:51, Childhood Lead Poisoning: State Sanitary Code XIII, with amendments, new rules, and repeals. The Department proposes the readoption of N.J.A.C. 8:51 with amendments, new rules, and repeals pursuant to the authority of and in order to implement N.J.S.A. 24:14A-1 et seq., particularly 24:14A-11; 26:1A-7; 26:2-137 et seq., particularly 26:2-137.7; 26:2Q-1 et seq., particularly 26:2Q-12 and Executive Order No. 100 (Corzine, April 29, 2008). N.J.A.C. 8:51 is scheduled to expire on November 16, 2009 in accordance with N.J.S.A. 52:14B-5.1 and Executive Order No. 66 (1978). Pursuant to N.J.S.A. 52:14B-5.1(c), the filing of this Notice of Proposal with the Office of Administrative Law prior to November 16, 2009, operates to extend the expiration date of N.J.A.C. 8:51 to May 15, 2010.

The Department proposes this readoption with amendments, new rules, and repeals in consultation with the New Jersey Public Health Council (PHC). Former Governor Codey's Reorganization Plan No. 003-2005 (June 27, 2005) recasted the role of the PHC, established at N.J.S.A. 26:1A-7, as being of a consultative and advisory nature in relation to the powers of the Commissioner of the Department of Health and Senior Services. N.J.S.A. 26:1A-7 grants the Public Health Council (PHC) the authority to establish, amend, and repeal reasonable sanitary rules called the State Sanitary

Code. Historically, the PHC has published rules as part of the State Sanitary Code both separately and in conjunction with the Department. References to the State Sanitary Code are archaic since there is no current searchable bound or electronic compilation entitled “State Sanitary Code,” rather the State Sanitary Code is nothing more than the rules promulgated by the Department pursuant to the authority of N.J.S.A. 26:1A-7 and codified under N.J.A.C. 8. Consequently, the Department is proposing to amend the chapter name of N.J.A.C. 8:51 to remove “State Sanitary Code Chapter XIII.”

The Department has reviewed N.J.A.C. 8:51 and has determined that the existing rules continue to be necessary, adequate, reasonable, efficient, understandable and responsive to the purposes for which they were originally promulgated. The rules proposed for readoption would continue to provide the regulatory framework to fulfill the Department’s obligation to protect children from adverse health effects due to exposure to lead hazards in their homes and in the environment. The proposed amendments and new rules, discussed below in the summary of the rules proposed for readoption, would also protect children that have been identified with elevated blood lead levels from further exposure to lead hazards. Department staff consulted with staff at the Department of Community Affairs on the contents of this notice of proposal, specifically on the proposed amendments and new rules.

Following is a summary of the rulemaking history of N.J.A.C. 8:51. The PHC, which was a part of the Department pursuant to N.J.S.A. 26:1A-4 (the Summary above explains the change in the role of the PHC) adopted and implemented Chapter 51, which was entitled Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey prior to September 1, 1969. The

Department together with the PHC adopted amendments to Subchapter 7, Childhood Lead Poisoning, as R.1977 d.402, effective October 25, 1977. (9 N.J.R. 364(b), 519(c)) Subchapter 7 set forth requirements for the local boards of health to investigate cases of elevated blood lead levels in children, the methods of determining lead levels in dwelling units, standards for repairs of premises containing lead paint, and requirements for reporting to the Department. The adopted amendments added definitions and added a provision for handling exterior lead paint.

Pursuant to Executive Order No. 66 (1978), N.J.A.C. 8:51-1 expired on October 1, 1981. The PHC adopted new rules at N.J.A.C. 8:51-1 and readopted 8:51-2 through 6 without changes, as R.1985, d.477, effective September 16, 1985 for the new rules and August 21, 1985 for the readopted rules. (17 N.J.R. 1633(a), 2270(a)) The rulemaking did not impact N.J.A.C. 8:51-7, which had a different expiration date. The PHC repealed N.J.A.C. 8:51-1 through 6 and adopted those rules as new rules at N.J.A.C. 8:52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, as R.1986, d.476, effective December 15, 1986. (18 N.J.R. 1690(a), 2448(a)) The rulemaking did not implicate the rules at N.J.A.C. 8:51-7 which continued to govern childhood lead poisoning.

The PHC repealed N.J.A.C. 8:51-7 and adopted new rules at N.J.A.C. 8:51, Childhood Lead Poisoning: State Sanitary Code Chapter XIII, as R.1990, d.472, effective September 17, 1990. (22 N.J.R. 1502(a), 3014(a)) In this rulemaking the Department and PHC made substantial changes in the rule to establish more comprehensive and up to date standards, based on updated guidance from the Centers for Disease Control and Prevention (CDC), for protecting children from lead poisoning,

determining the presence of lead, conducting environmental investigations, providing medical and other types of intervention, reducing or eliminating lead paint hazards, identifying community prioritization for lead poisoning prevention, and reporting to the Department. The PHC readopted N.J.A.C. 8:51 without any changes, as R.1995 d.538, effective September 13, 1995. (27 N.J.R. 2660(a), 3934(a)).

The PHC and the Department repealed the rules and adopted new rules at N.J.A.C. 8:51, as R.1999, d.188, effective June 7, 1999. (30 N.J.R. 3735(a), 1515(a)). The PHC and the Department adopted new rules because the rules as they existed at the time of the rulemaking were outdated. Since the prior readoption, there had been significant changes in the standard practices for the measurement and abatement of health hazards related to lead paint and there was also development of new technology for measuring lead levels and for removing or encapsulating lead paint. The rules that existed prior to the rulemaking only covered lead hazards in terms of lead paint but based on new research it was necessary to include standards on lead contaminated dust and other non-paint sources of lead hazards, and to incorporate new standards on lead paint abatement and post abatement cleanup and testing. The adopted new rules also included references to Department of Community Affairs' rules on lead hazard abatement and Federal and State rules, regulations, laws, and guidelines in order to provide the most comprehensive standards for handling lead hazards.

The Department and PHC readopted N.J.A.C. 8:51 without any changes, as R.2004 d.458, effective November 16, 2004. (36 N.J.R. 2601(a), 3240(a), 5678(a)).

Following is a summary of the rules proposed for readoption and the proposed amendments, new rules, and repeals:

Subchapter 1

The rule proposed for readoption at N.J.A.C. 8:51-1.1 would continue to set forth the applicability of the chapter to all local boards of health, owners of properties in which children who have been identified with lead poisoning live, owners of any other properties that constitute a lead hazard to children who have been identified with lead poisoning, and to laboratories who perform blood lead tests of children.

The rule proposed for readoption at N.J.A.C. 8:51-1.2 would continue to set forth the purpose of the chapter, which is to protect children from adverse health effects due to exposure to lead hazards in their homes and in the environment.

The Department proposes to recodify existing N.J.A.C. 8:51-1.3 as 1.4 and add a new rule at N.J.A.C. 8:51-1.3, which would set forth in one location the policies, guidelines, forms, assessments, and materials incorporated by reference in the chapter, as amended and supplemented where applicable. The Department incorporates by reference in this chapter the following policies and guidelines, as amended and supplemented: “Managing Elevated Blood Lead Levels Among Young Children, Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention,” (published March 2002) and "Preventing Lead Poisoning in Young Children," (published August 2005) both published by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); and “Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing,” (June 1995), published by the U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control. The Department incorporates by reference in this chapter the following forms, assessments, and materials and sets forth

the chapter Appendix in which each document is available as applicable: Hazard Assessment Questionnaire (Appendix A); Environmental Intervention Report (Appendix B); Housing Component Terminology (Appendix C); Protocol for Data Entry in the Childhood Lead Poisoning Information Database and Communication (Appendix D); User Confidentiality Agreement (Appendix E); Template for Notice of Violation (Appendix F); Childhood Lead Poisoning Prevention Home Visit Assessment (Appendix G); Universal Child Health Record (Appendix H); Nutritional Assessment (Appendix I); Quality Assurance and Improvement Form (Appendix J), and Case Closure Form (Appendix K).

The rule proposed for readoption at existing N.J.A.C. 8:51-1.3, proposed for recodification as 1.4, would continue to provide definitions of words and terms used in the chapter. The Department proposes to add definitions of the following words and terms at N.J.A.C. 8:51-1.3: “case management,” “case management assessments,” “case manager,” “causative factor,” “elevated blood level,” “hazard assessment,” “interim controls,” “lead-based paint hazard,” “limited hazard assessment,” “public health nurse,” “reinspection,” “secondary address,” “testing,” and “XFR instrument.” The Department proposes amendments to make revisions to the following words and terms: “Abatement” to clarify that the term is applicable to the removal of lead-based paint and/or lead-contaminated dust; “CDC recommendations” to include another policy statement, provide the updated publication date for the existing policy statement and provide the correct CDC address; “Commissioner” to add his or her designee; “environmental intervention” to remove the term “appropriate authority” and add local board of health with jurisdiction in its place; “HUD Guidelines” to add the correct date for

the document's release, remove an old document number, and correct the name of the Office of Healthy Homes and Lead Hazard Control; "lead-based paint" to change the lead level from "in excess of 1.0 milligram…" to "equal to or in excess of 1.0 milligram…" and to allow for the inclusion of other levels that may be established by Federal law in order to be consistent with the CDC definition of this term (see http://www.cdc.gov/nceh/publications/books/housing/definitions.htm) and the definition at N.J.S.A. 26:2Q-2; "nonpaint lead hazard" to provide a more specific citation to standards established by the U.S. Environmental Protection Agency and include toys, jewelry, and foods in the definition.

Subchapter 2

The rule proposed for readoption at N.J.A.C. 8:51-2.1 would continue to set forth the requirements for screening that the local board of health must follow to ensure that all children under six years of age are appropriately screened for lead poisoning in accordance with N.J.A.C. 8:51A. N.J.A.C. 8:51-2.1 would continue to require local boards of health to work with health care providers in their jurisdiction to ensure the screening of children under six years of age for lead poisoning.

The rules proposed for readoption at N.J.A.C. 8:51-2.2 would continue to set forth the required screening standards for lead poisoning.

The rules proposed for readoption at N.J.A.C. 8:51-2.3 would continue to set forth the procedures for confirmation of blood lead test results and notification requirements. The Department proposes technical amendments to add paragraphs at subsections (a) and (b), which would contain existing requirements in a more clear way. The Department proposes an amendment to reduce the capillary blood lead level that is

necessary to trigger confirmation before an environmental intervention is performed, from 20 µg/dL or greater to 10 µg/dL or greater. The Department proposes this amendment after careful review of the existing standards pursuant to Executive Order No. 100 (Corzine, April 29, 2008) in order to achieve CDC's Healthy People 2010 and New Jersey's goal to eliminate childhood lead poisoning as a public health problem, and to be consistent with the CDC definition of "lead poisoned." The rules proposed for readoption at N.J.A.C. 8:51-2.4 would continue to set forth the criteria to determine when case management is appropriate. The rules proposed for readoption at N.J.A.C. 8:51-2.4 would continue to establish who must complete case management and the required services that comprise case management. As described above, the Department proposes an amendment at N.J.A.C. 8:51-2.4(a) to set forth the responsibility of a local board of health to provide case management for a child and his or her family if the child has a confirmed blood lead level of 15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart, instead of the existing 20 µg/dL or greater. The Department establishes a "step" system for childhood blood lead levels in order to best achieve the identification of lead poisoned children while taking into account the time necessary for local boards of health to appropriately respond to cases of childhood lead poisoning.

The Department proposes amendments at N.J.A.C. 8:51-2.4(b) to set forth the services that case management must consist of when a child has a confirmed blood lead level of 15 to 45 µg/dL or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart and that the services

have to be performed by a public health nurse. The Department proposes amendments that would add case management services at N.J.A.C. 8:51-2.4(b)1 through 4, 8 through 9, 13 and 14 and proposes to recodify existing N.J.A.C. 8:51-2.4(b)1 through 3 as new 5 through 7, 4 through 7 as new 10 through 13, and 8 and 9 as new 15 and 16. The proposed new components of case management would include a home visit pursuant to proposed new N.J.A.C. 8:51-2.5, education to the primary caregiver about the effects and prevention of lead poisoning, review of the Hazard Assessment Questionnaire, monitoring blood lead retesting and results, assessing the need for emergency relocation funding, ensuring a hazard assessment is completed at all relocation addresses, completing case management assessments, and making referrals to community resources. At N.J.A.C. 8:51-2.4(b)7 the Department proposes an amendment to include pregnant women who live in the same household as a child identified with lead poisoning in the requirement for lead screening as a part of case management. The Department proposes this amendment because of the assessment of the Advisory Committee On Childhood Lead Poisoning Prevention's (ACCLPP), Lead and Pregnancy Work Group that there is existing evidence for adverse effects of past and current maternal lead exposure on the prenatal and postnatal health of the developing fetus, newborn and infant.

The Department proposes an amendment to add new N.J.A.C. 8:51-2.4(c), which would establish that whenever a child has a confirmed blood lead level of 45 µg/dL or greater a public health nurse must provide case management and would set forth the required services that comprise the case management. In addition to the services set forth at N.J.A.C. 8:51-2.4(b), case management at N.J.A.C. 8:51-2.4(c) shall include

immediate hospitalization of the child, removal of the child from the source of lead, assessing the need for emergency relocation funding and collaborating with the appropriate agencies and the hospital discharge planner, ensuring environmental intervention is completed before discharge, assisting the family in locating a pharmacy and obtaining required prescriptions, teaching the caregiver the medication regimen, collaborating with the health insurance case manager on proper administration of the medicine, determining timely medical follow-up, and monitoring blood lead retesting and results. The Department proposes an amendment to add new N.J.A.C. 8:51-2.4(d), which would set forth criteria for assignment of cases. The Department proposes an amendment to add new N.J.A.C. 8:51-2.4(e), which would establish the conditions that have to be met before a case manager can discharge a child from case management.

The Department proposes a new rule at N.J.A.C. 8:51-2.5(a), which would establish the schedule for the completion of an initial home visit by a public health nurse. The Department proposes a new rule at N.J.A.C. 8:51-2.5(b), which would set forth that when a child under active case management moves to the jurisdiction of a different local board of health, the public health nurse in the new jurisdiction must follow the initial home visit schedule established at N.J.A.C. 8:51-2.5(a).

Subchapter 3

The rule proposed for readoption at N.J.A.C. 8:51-3.1 would continue to establish the circumstances under which the Department must report receipt of a laboratory report of blood lead levels to the local board of health in whose jurisdiction the child resides. The Department proposes an amendment to establish that the Department must report to the local board of health a blood lead level of 10 µg/dL or greater, instead

of the existing 20 µg/dL or greater, through the Childhood Lead Poisoning Database as set forth at proposed new N.J.A.C. 8:51-10.

The rule proposed for readoption at N.J.A.C. 8:51-3.2(a) would continue to set forth the reporting requirements for local boards of health regarding actions taken on behalf of a child who meets the specified blood lead levels. The Department proposes an amendment to establish that the local board of health must report actions taken on behalf of a child with a blood lead level of 10 µg/dL or greater, instead of the existing 20 µg/dL or greater, through the Childhood Lead Poisoning Database as set forth at proposed new N.J.A.C. 8:51-10. The Department proposes amendments to remove the existing fields that a local board of health is required to report and to more specifically establish the case management and environmental intervention information that the local board of health must report to the Department. The Department proposes an amendment at N.J.A.C. 8:51-3.2(b) to establish that the local board of health must provide all information regarding actions it has taken on behalf of a child to the appropriate primary care provider when requested. The Department proposes an amendment at N.J.A.C. 8:51-3.2(c) to establish that the local board of health must report all violations and enforcement procedures regarding relocation assistance, pursuant to N.J.S.A. 52:27D-437.1 et seq., to the Department of Community Affairs.

The rules proposed for readoption at N.J.A.C. 8:51-3.3 would continue to establish the requirement of confidentiality of all electronic and written records maintained by the Department and local boards of health pursuant to this chapter. The Department proposes amendments to set forth the circumstances under which electronic and written records maintained by the Department and local boards of health

pursuant to this chapter may be released and to establish that each user of the Childhood Lead Poisoning Database is required to sign a User Confidentiality Agreement.

Subchapter 4

The rules proposed for readoption at N.J.A.C. 8:51-4.1 would continue to establish the criteria for when environmental intervention is required, where the intervention has to be completed, and the qualifications of the person that must complete the intervention. The Department proposes amendments at N.J.A.C. 8:51-4.1(a) to require environmental intervention, for all children with confirmed blood lead levels of 15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart instead of the existing 20 µg/dL or greater, by the local board of health in whose jurisdiction the child resides at the time of the testing. The Department proposes amendments at N.J.A.C. 8:51-4.1(b) to make grammatical corrections in the text and at subsection (b)4 to remove the reference to 20 µg/dL or greater since all reports of blood lead tests would have to be forwarded to the local board of health.

The Department proposes an amendment to add N.J.A.C. 8:51-4.1(b)5, which would establish the local board of health's responsibility to conduct a limited hazard assessment at a planned temporary relocation address and a hazard assessment at a planned permanent relocation address. The Department proposes amendments at N.J.A.C. 8:51-4.1(c) to establish the local board of health's responsibility to conduct environmental intervention, provide written lead educational materials to tenants of all units of a multi-unit dwelling when a child with an elevated blood lead level is identified

in one of the units and to make referrals as appropriate. The Department proposes an amendment at N.J.A.C. 8:51-4.1(e) to establish the schedule for conducting environmental intervention. The Department proposes an amendment at N.J.A.C. 8:51-4.1(f) to establish when the Hazard Assessment Questionnaire, available at Appendix A, has to be used as a part of environmental intervention.

The rules proposed for readoption at N.J.A.C. 8:51-4.2 would continue to establish the criteria and process for environmental intervention for children up to 72 months of age. The rules proposed for readoption at N.J.A.C. 8:51-4.2 would continue to require that a hazard assessment be conducted of the child's primary residence to identify lead sources in the child's environment. The rules proposed for readoption at N.J.A.C. 8:51-4.2 would continue to require that a limited hazard assessment be conducted on previous primary addresses built before 1978 where the child has resided within the three months prior to the blood lead test and at secondary addresses where the child spends at least 10 hours per week.

The Department proposes an amendment at N.J.A.C. 8:51-4.2(a) to remove the reference to a blood lead level of 20 µg/dL or greater and replace that reference with 15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart. The Department proposes an amendment at N.J.A.C. 8:51-4.2(b) to include the local board of health's responsibility to conduct dust sampling in addition to the limited hazard assessment and to add houses that do not have a lead-free certificate as requiring a limited hazard assessment and dust sampling. The Department proposes an amendment to remove existing N.J.A.C. 8:51-4.2(c), which establishes the contents of a hazard assessment because hazard

assessment is now proposed for definition as a new term. The Department proposed to recodify N.J.A.C. 8:51-4.2(d) as (c), remove the term questionnaire and replace it with Hazard Assessment Questionnaire, and include examples of other sources of lead. The Department proposes an amendment to remove the inspection requirement at N.J.A.C. 8:51-4.2(e) relating to children up to 72 months of age that have a capillary blood lead level result of 45 µg/dL or greater because the requirement would already be referred to in the proposed amendments at N.J.A.C. 8:51-2.3, 4.1 and 4.2.

The rules proposed for readoption at N.J.A.C. 8:51- 4.3 would continue to establish the criteria and process for environmental intervention for children 72 months or greater. The Department proposes to remove existing N.J.A.C. 8:51-4.3(a) and (b) and recodify existing (c) as (a) and existing (d) as (c). The Department proposes an amendment at recodified N.J.A.C. 8:51-4.3(a) to establish that the local board of health in whose jurisdiction a child resides must conduct a limited hazard assessment at the child's primary residence and any secondary residences that may be a source of exposure if the child has a confirmed blood lead level of 15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart, instead of the existing 20 µg/dL or greater. The Department proposes an amendment at recodified N.J.A.C. 8:51-4.3(a) to remove the contents of the limited hazard assessment because the Department proposes to define the term limited hazard assessment.

The Department proposes an amendment at new N.J.A.C. 8:51-4.3(b) to establish that local boards of health must also remediate nonpaint lead hazards that are revealed through the Hazard Assessment Questionnaire. The Department proposes

amendments at recodified N.J.A.C. 8:51-4.3(c) to set forth the criteria for how an investigation should be conducted if a child has chronological age of 72 months or greater but the effective developmental age is less than 72 months, and the child's blood lead level is 15 µg/dL or greater, or has two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart, instead of the existing 20 µg/dL or greater.

The Department proposes to repeal existing N.J.A.C. 8:51-4.4, which requires environmental intervention for children with persistent blood lead levels between 15 and 19 µg/dL because that would already be covered by the amended rules.

The Department proposes to recodify existing N.J.A.C. 8:51-4.5 as 4.4 and to readopt the rules at that section, which establish reporting requirements for local boards of health. The Department proposes an amendment at recodified N.J.A.C. 8:51-4.4(a) to specify that the Environmental Intervention Report form, available in Appendix B must be provided to the property owner by the local board of health and has to include interim controls, as applicable, in the possible orders that may be given by the local board of health. The Department proposes to recodify existing N.J.A.C. 8:51-4.5(b) as 4.4(d). The Department proposes an amendment to add new N.J.A.C. 8:51-4.4(b), which would prevent the inclusion of the name of a lead burdened child in the Environmental Intervention Report. The Department proposes an amendment to add recodified N.J.A.C. 8:51-4.4(c), which would establish when the local board of health must provide a Notice of Violation containing the text in the template available as Appendix F. The proposed Notice of Violation at Appendix F would include a disclosure statement, pursuant to the Federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C.

4852d, of available records and reports concerning lead based paint and/or lead-based paint hazards that sellers and landlords of residential housing built prior to 1978 must provide to purchasers and tenants at the time of sale, or lease or upon lease renewal, regardless of whether hazard reduction or abatement has been completed.

Proposed Appendix F would also establish that failure to provide lead test results is a violation of the U.S. Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and that there is a fine for violation. The Department proposes to recodify existing N.J.A.C. 8:51-4.5(b) as 4.4(d), which would set forth reporting requirements for local boards of health to provide specific information to parents and guardians. The Department proposes an amendment to add new N.J.A.C. 8:51-4.4(e) to set forth that the local board of health must provide a copy of the Notice of Violation to the local construction official in order to further communication between the agencies about lead hazards under this chapter.

Subchapter 5

Throughout subchapter 5, the Department makes formatting and grammatical changes to make the rule text easier to use for the regulated community. The rules proposed for readoption at N.J.A.C. 8:51-5.1 would continue to establish environmental sampling methods, which are based on the HUD Guidelines, defined at recodified N.J.A.C. 8:51-1.4. The Department proposes amendments at N.J.A.C. 8:51-5.1(b)2 and 3 to establish that the local board of health is responsible for collecting at least one surface dust wipe sample on the floor of the primary entry way and collecting and analyzing a minimum of six single surface dust wipe samples per dwelling. The Department proposes an amendment at N.J.A.C. 8:51-5.1(c)2 to establish that the local

board of health is responsible for collecting and analyzing a minimum of two samples of bare soil from the primary residence that is accessible and/or poses a hazard to the child.

The rules proposed for readoption at N.J.A.C. 8:51-5.2 would continue to set forth the requirements for local boards of health when using X-ray fluorescence (XRF) instruments to test for lead content in paint or other surface coatings. The rules proposed for readoption would continue to establish the training requirements for any person using XRF instruments to test for lead content in paint or other surface coatings. The Department proposes an amendment at N.J.A.C. 8:51-5.2(a) to set forth the method for obtaining XRF Performance Characteristic Sheets.

The rules proposed for readoption at N.J.A.C. 8:51-5.3 would continue to establish the criteria for determining the specific laboratory that must complete the analysis of environmental samples.

The Department proposes to repeal existing N.J.A.C. 8:51-5.4 and to add a new section 5.4. Proposed new N.J.A.C. 8:51-5.4 would establish the Department's acceptance of other sample collection or testing methods which are approved by any government agency having regulatory responsibility regarding lead hazards. Proposed new N.J.A.C. 8:51-5.4 would set forth that the local board of health may use results from onsite paint, soil or dust testing methods for screening purposes but must also confirm the results for enforcement purposes.

Subchapter 6

The Department proposes to amend the heading of subchapter 6 to add the term interim controls, which is proposed for definition at recodified N.J.A.C. 8:51-1.4.

The rules proposed for readoption at N.J.A.C. 8:51-6.1 would continue to address orders made by local boards of health upon determination that a condition is a lead hazard. The Department proposes amendments to add the term interim controls at subsection (a) and to add the contents of the order at new subsection (b).

The rules proposed for readoption at N.J.A.C. 8:51-6.2 would continue to establish requirements for handling lead-based paint on exterior surfaces that are accessible to children and is defective or is otherwise determined to be a hazard. The Department proposes an amendment to allow abatement and/or interim controls to handle lead-based paint on exterior surfaces instead of only allowing abatement. The Department proposes amendments at new N.J.A.C. 8:51-6.2(b) and (c) to establish the standards that the person performing the work must follow for abatement and interim controls respectively. With regard to interim controls, the standards would include training of the person performing the work in accordance with the Occupation Safety and Health Administration Hazard Communication requirements at 29 C.F.R. 1910.1200 (see 29 CFR 1926.59) and supervision by a certified lead-based paint abatement supervisor as set forth at N.J.A.C. 8:51-6.2(c)1i and ii. In place of those requirements, it would be sufficient for the person performing the work to complete the certified renovator training through the Department of Community Affairs as set forth at N.J.A.C. 8:51-6.2(c)1iii. The proposed amendments covering interim controls would also list acceptable methods for interim controls of exterior surfaces at N.J.A.C. 8:51-6.2(c)2 and allow stabilization of the paint as set forth at N.J.A.C. 8:51-6.2(c)3 in accordance with HUD's Requirements for Notification, Evaluation and Reduction of Lead-Based Paint

Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance at 24 CFR 35.1330(b) and Chapter 11 of the HUD Guidelines.

The rules proposed for readoption at N.J.A.C. 8:51-6.3 would continue to establish requirements for abating lead-based paint on interior surfaces. The Department proposes technical revisions throughout N.J.A.C. 8:51-6.3 to articulate that the local board of health is responsible for ordering the necessary abatement. The Department proposes an amendment at N.J.A.C. 8:51-6.3(c) to specify that chewable surfaces that contain lead-based paint must be abated. The Department proposes an amendment to remove existing N.J.A.C. 8:51-6.3(d) and combines impact surfaces with existing subsection (b) as surfaces that must be abated if determined to contain lead-based paint. The Department proposes an amendment to remove subsection (e) and rewrite the contents in new subsection (d) in order to more clearly state the requirement for the local board of health to ensure the repair and refinishing of specified surfaces that contain lead contaminated dust or defective paint, regardless of lead content.

The Department proposes to repeal N.J.A.C. 8:51-6.4 and in its place add a new section 6.4, which would set forth the requirements for abatement and/or interim controls related to lead-contaminated soil.

The rules proposed for readoption at N.J.A.C. 8:51-6.5 would continue to set forth requirements for handling other conditions that constitute a lead hazard. The Department proposes an amendment to add the term interim controls to this section.

The rules proposed for readoption at N.J.A.C. 8:51-6.6 would continue to require the repair of conditions that cause or contribute to defective paint. The Department proposes a technical codification amendment to create a subsection and paragraph.

The rules proposed for readoption at N.J.A.C. 8:51-6.7 would continue to require a local board of health to notify the New Jersey Department of Environmental Protection or its Certified County Environmental Health Act Agency if, in the course of conducting an environmental intervention, the local board of health identifies what it believes to be an ambient source of lead. The Department proposes an amendment to remove the citation to the definitions section because the citation is unnecessary.

Subchapter 7

The Department proposes to amend the heading of subchapter 7 to add the term interim controls, which is proposed for definition at recodified N.J.A.C. 8:51-1.4. The rules proposed for readoption at N.J.A.C. 8:51-7.1(a) would continue to establish the responsibility of the property owner or the owner's agent for performing or arranging for abatement of lead hazards and establish when local boards of health must arrange for or perform the required activities. The Department proposes amendments at N.J.A.C. 8:51-7.1(a) to add interim controls to the owner's responsibility described above and to add ongoing maintenance of any remaining lead-based paint to the owner's responsibilities. The Department proposes a technical codification amendment to add paragraphs to subsection (a) and proposes a substantive amendment at N.J.A.C. 8:51-7.1(a)1 to set forth the responsibility of the property owner to immediately relocate occupants to comparable lead safe housing upon receipt of a determination made by the local board of health that a lead hazard poses an immediate risk of ongoing exposure for children. The Department also proposes an amendment to set forth the programs that may be available to provide financial assistance.

The Department proposes an amendment at N.J.A.C. 8:51-7.1(a)2 to remove the word “may” regarding the local board of health’s responsibility to arrange for the required activities set forth in subsection (a) when the owner does not perform those activities and instead use the word “shall” to establish the requirement. The Department proposes an amendment at N.J.A.C. 8:51-7.1(a)3 to establish the owner’s responsibilities regarding lead hazards and the corresponding compliance criteria. The Department proposes a technical codification amendment to separate the two requirements regarding the abatement responsibility of the owner at existing subsection (b) into subsections (b) and (c). The Department proposes to readopt the text at existing subsection (b), which establishes that the owner of the property is not responsible for the abatement of nonpaint lead hazards that are not normally under the control of the owner but he or she is responsible for abatement of nonpaint lead hazards that are under his or her control. The Department proposes amendments at N.J.A.C. 8:51-7.1(b) and (c) to include interim controls.

The rules proposed for readoption at N.J.A.C. 8:51-7.2 would continue to establish that persons performing the abatement of lead hazards have to obtain a construction permit as required by N.J.A.C. 5:23. The Department proposes an amendment to include the Department of Community Affairs’ requirement for a 10 day notice of abatement under N.J.A.C. 5:17.

The rules proposed for readoption at N.J.A.C. 8:51-7.3(a) would continue to require that all abatement work to remove lead hazards must conform to the procedures and work practices specified at N.J.A.C. 5:17. The Department proposes an amendment at N.J.A.C. 8:51-7.3(b) to establish that all interim controls work for exterior

lead hazards must conform to the procedures and work practices set forth at N.J.A.C. 8:51-6.2(c).

The rules proposed for readoption at N.J.A.C. 8:51-7.4(a) would continue to establish the requirement for the protection of dwelling occupants and their possessions during abatement in accordance with N.J.A.C. 5:17. The Department proposes an amendment at N.J.A.C. 8:51-7.4(b) to establish standards for the protection of dwelling occupants during the time interim controls work is being performed.

The rules proposed for readoption at N.J.A.C. 8:51-7.5 would continue to establish the circumstances under which the local board of health must issue notices of violation and orders to correct and when it has to issue a stop work order. The Department proposes an amendment to add a new subsection (a), which would establish the responsibility of the local board of health to monitor all lead abatement and/or interim controls that it has ordered. As a result, the Department proposes to recodify existing subsection (a) as (c), remove existing subsection (b) and add a new subsection (b). The Department proposes at new subsection (b) to establish the responsibility of the local board of health to ensure that the person performing the abatement obtained a permit and sent a10-day notice to the Department of Community Affairs; that occupancy is appropriate for the level of work; and the person performing the abatement obtained a clearance certificate. The Department proposes an amendment at subsection (c) to establish the responsibility of the local board of health to inform the local construction official that issued the permit and the Bureau of Code Services of any violations of the work practice standards. The Department proposes an amendment to add N.J.A.C. 8:51-7.5(d), which would set forth the responsibility of the

local board of health to ensure that all interim controls work meets the standards for interim controls work set forth at N.J.A.C. 8:51-6.2(c). The Department proposes an amendment to add N.J.A.C. 8:51-7.5(e), which would set forth the circumstances under which the local board of health must issue notices of violation and orders to correct and when it has to issue a stop work order with regard to interim controls work.

Subchapter 8

The Department proposes to amend the heading of subchapter 8 to add the term interim controls, which is proposed for definition at recodified N.J.A.C. 8:51-1.4. The rules proposed for readoption at N.J.A.C. 8:51-8.1 would continue to set forth the requirement for reinspection by the local board of health and for refinishing or sealing surfaces where lead paint has been removed or repaired. The Department proposes an amendment at N.J.A.C. 8:51-8.1(a) to include interim controls. The Department proposes amendments at N.J.A.C. 8:51-8.1(a) to add paragraphs 1 and 2, which would establish the requirements for the local board of health to ensure that all lead hazards identified on the Notice of Violation were treated and set forth their responsibility to issue a written acceptance of the work in order to close the work permit. The Department proposes an amendment at N.J.A.C. 8:51-8.1(b) to set forth the responsibility of the person performing the abatement and/or interim controls work to refinish or seal the surfaces where lead paint has been removed or repaired with a non-leaded coating material.

The rules proposed for readoption at N.J.A.C. 8:51-8.2 would continue to set forth the requirements for clearance testing. The Department proposes an amendment to remove subsection (a) because it would no longer be correct when the term interim

controls is included under clearance testing. The Department proposes an amendment to add a new subsection (a), which would establish that the owner is responsible for obtaining independent clearance testing, within 30 days from the final cleaning, through the services of a lead inspector/risk assessor certified by the Department and that the certified lead inspector/risk assessor is prohibited from being paid, employed, or otherwise compensated by the lead hazard control contractor that performed the abatement and/or interim controls. The Department proposes to amend N.J.A.C. 8:51-8.2(b) to add the term interim controls. The Department proposes an amendment at subsection (c) to rewrite the language for clarity while maintaining the requirement for obtaining a clearance certificate upon completion of abatement pursuant to N.J.A.C. 5:23-2. The Department proposes an amendment to add subsection (d), which would set forth the responsibility of the owner to obtain a lead hazard-free certificate for exterior surfaces only upon completion of exterior interim controls work.

Subchapter 9

The Department proposes new rules at N.J.A.C. 8:51-9.1 to articulate the penalties for violations of this chapter, including those set forth at N.J.S.A. 26:1A-10, established in injunctive action, and otherwise provided by law. Proposed new N.J.A.C. 8:51-9.1 would articulate that the Department may report a health officer's failure to comply with this chapter or with an order or a directive of the Department to the Department's Public Health Licensing and Examination Board, which may initiate disciplinary actions as set forth at N.J.A.C. 8:7-1.7 and N.J.S.A. 26:1A-43. Proposed new N.J.A.C. 8:51-9.1 would set forth that when the local board of health has to implement an abatement and/or interim controls notice or order because the property

owner refuses to comply, then the local board of health will recover the expenses associated with removing the lead hazard and making the necessary repairs from the owner as set forth at N.J.S.A. 24:14A-9.

Subchapter 10

The Department proposes new rules at N.J.A.C. 8:51-10 to set forth standards applicable to the Childhood Lead Poisoning Information Database (database). The proposed rules at N.J.A.C. 8:51-10 would set forth the purposes and uses of the web-based database. The proposed rules at N.J.A.C. 8:51-10 would establish who would have access to the database, the limitations of access, required training information, confidentiality requirements, and that each user of the database must review and sign the User Confidentiality Agreement, available at Appendix E. The proposed new rules at N.J.A.C. 8:51-10 would also establish the circumstances when the Department may revoke a user's access to the database and set forth the quarterly quality assurance audit requirement. The database has been in use by most local boards of health that cover areas of the State identified as having the largest numbers of lead poisoning cases, pursuant to N.J.S.A. 26:2-137.6 since July 2006, for the purposes of tracking lead poisoning cases, reporting case management activities, and communicating with the Department. The Department proposes to expand the use of the database to allow other local boards of health to use the database for the purposes set forth above pursuant to Executive Order No. 100 (Corzine, April 29, 2008).

The Department has provided a 60-day comment period for this notice of proposal; therefore, this notice of proposal is exempted from the rulemaking calendar requirement, pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

The rules proposed for readoption would continue to have and the proposed amendments and new rules would have a positive social impact on the health and well being of children who are tested for lead poisoning and found to have elevated levels of lead in their blood. Lead is a heavy metal that has been widely used in industrial processes and consumer products. When absorbed into the human body, lead affects the blood, kidneys and nervous system. Lead's effects on the nervous system are particularly serious to young children and can cause learning disabilities, developmental delays, decreased IQ, seizures, hyperactivity, decreased hearing, mental retardation, coma and possibly death. Children who have suffered from the adverse effects of lead exposure for an extended period of time are frequently in need of special health and education services in order to assist them to develop to their potential as productive members of society. The impacts of lead are irreversible and permanent. The focus of this chapter is on children under six years of age because this age group is at a time for peak growth and development and therefore exposure to lead can produce the most significant impacts.

The primary method for lead to enter the body is through the ingestion of lead containing substances by children six months through six years of age. Some common lead containing substances that are ingested or inhaled by children include: lead-based paint and its dust, soil in which children play; tap water; food stored in lead soldered cans or improperly glazed pottery; and some folk remedies, such as Azarcon, Greta and Litargirio. Because these and other lead containing substances are present throughout the environment in New Jersey, all children in the State are at risk. Some children,

however, are at particularly high risk due to exposure to high dose sources of lead in their immediate environment. These potential high dose sources include lead-based paint that is peeling, chipping, or otherwise in a deteriorated condition; lead-contaminated dust created during removal or disturbance of lead-based paint in the process of home renovation; and lead contaminated dust brought into the home by adults who work in an occupation that involves lead or materials containing lead, or who engage in a hobby where lead is used. The primary lead hazard to children comes from lead-based paint.

In recognition of the danger that lead-based paint presents to children, such paint was regulated for residential use in New Jersey in 1971, and banned nationwide in 1978. These actions have effectively reduced the risk of lead exposure for children who live in houses built after 1978, but any house built before 1978 may contain lead-based paint. Further, the highest risk for children is found in houses built before 1960, when paints contained a very high percentage of lead by volume. A significant percentage of housing in New Jersey (48 percent according to the 2000 Census) was built before 1960. Every county in the state has more than 9,000 housing units built before 1960. Children living in rental housing are particularly at risk to exposure from lead because tenants do not have the requisite control over rental units to remove lead hazards from the property. Therefore, it is necessary to safeguard children from the dangers of lead poisoning from paint.

Approximately 2,041 children under the age of 17 were identified in New Jersey in fiscal year 2008 with blood lead levels greater than or equal to 10 µg/dL. The well-being of these children is dependent on early detection of elevated blood lead levels,

followed by prompt case management, environmental intervention, and as appropriate medical management. In New Jersey local boards of health have the responsibility for investigating cases of lead poisoning in children and the authority to order the removal of any lead hazards they detect. The rules contained in this chapter would continue to have a positive social impact on residents of this State and on local boards of health by establishing the framework for local boards of health to investigate cases of lead poisoning in children and complete environmental interventions. The rules in this chapter would continue to set forth uniform standards for local boards of health to follow in identifying lead hazards, thus enabling them to consistently, effectively and efficiently carry out their responsibilities. The rules would also continue to provide local boards of health with standard protocols for assuring appropriate medical, environmental, and public health interventions.

The approval of P.L. 2003, Chapter 311 (Lead Hazard Control Assistance Act) requires that the Department make amendments in this chapter to incorporate a less stringent lead hazard inspection standard for children identified with elevated blood lead levels and allows the use of less protective interim controls, rather than only lead abatement as a remediation method. Although required by statute, these proposed amendments may have the negative impact of eroding public health protection for already lead poisoned children by requiring exterior, interior and soil inspections to be completed in a staggered manner rather than at the same time as is currently required by the rules. The use of interim controls would only provide a temporary reduction in human exposure or likely exposure to lead-based paint hazards in comparison to the existing requirement for abatement, which is permanent.

The proposed amendments to define new words and terms used throughout the chapter and to make formatting and grammatical revisions throughout the chapter would better allow the public and local boards of health to understand the requirements of the rules, therefore having the positive social impact of making compliance easier. The proposed amendment to provide environmental intervention to children that have confirmed blood lead levels of 15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart would have a positive social impact on these children and their families because they would receive education and intervention earlier, thereby reducing their lead exposure and negative health effects. The proposed amendments would have a positive social impact on children identified with elevated blood lead levels because they would set forth more stringent and comprehensive medical case management standards than the existing rules, which would better ensure that children receive appropriate care in a timely manner. The proposed amendments would have a positive social impact on children identified with elevated blood lead levels because they would require more stringent and standardized documentation and reporting requirements for environmental interventions than the existing rule, which would make it easier to review and assess the safety of the housing.

The proposed amendments would have a positive social impact on children identified with elevated blood lead levels and for local boards of health because they would establish timeframes for providing environmental interventions, which would allow for more expedient intervention and resolution. The proposed amendment to include pregnant women living in the same household as a child identified with lead poisoning

for lead screening would have the beneficial social impact of identifying situations where a newborn or infant may suffer adverse medical consequences due to prenatal maternal lead exposure and allow for earlier interventions that may prevent those adverse medical consequences.

The proposed amendments to allow interim controls for exterior surfaces and to establish standards for interim controls would have a positive social impact on owners of the property by providing an option for complying with the rules while still providing the lead affected child a safe place to live. The proposed amendments to the confidentiality requirements would have a positive social impact on anyone whose information is maintained by the Department or a local board of health pursuant to this chapter by providing more defined requirements for keeping that information confidential. The proposed new rule at N.J.A.C. 8:51-9 would have a positive social impact by reminding the regulated community of the fines for violation of the chapter, perhaps better ensuring compliance with the chapter. The proposed new rule at N.J.A.C. 8:51-10 on the Childhood Lead Poisoning Information Database would have a positive social impact on children with elevated blood levels of lead, their families and local boards of health by establishing standards for a more efficient way to manage cases, track lead poisoning prevalence and incidence throughout the State, and enhance communication with the Department and between local boards of health. The proposed new Appendices would have a positive social impact by providing guidance and tools for use by local boards of health in meeting the requirements of this chapter. Generally, the Department anticipates a positive reaction to the rules proposed for readoption and the proposed amendments and new rules.

Economic Impact

The rules proposed for readoption have had and the proposed amendments and new rules would have an economic impact on local boards of health and owners of residential housing where a lead hazard exists. Enforcement of this chapter has and would continue to impose costs on local boards of health for the investigation of reported cases of lead poisoning, the enforcement of environmental intervention orders and the provision of case management. These costs are only partially covered by Public Health Priority Funds and Department grants. All of these costs are associated with actions required by N.J.S.A. 24:14A-1 et seq., and it is the position of the Department that, given the current state of knowledge about lead hazards, the protection of children cannot be achieved without these activities. The Division of Medical Assistance and Health Services of the New Jersey Department of Human Services has established a reimbursement process for local boards of health for inspections performed in response to a report of an elevated blood lead level in a child who is enrolled in Medicaid. This revenue partially offsets the costs created by the requirements of this chapter. N.J.S.A. 24:14A-9 permits local boards of health to recover their expenses for carrying out an order for abatement and/or interim controls and making necessary repairs in a civil action against the owner, which could possibly reduce the economic impact on local boards of health.

The proposed amendment to provide environmental intervention to children that have confirmed blood lead levels of 15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart would lead to an increase in the need for case management, inspection and

environmental intervention. The costs to the local boards of health would vary depending on the location of the board of health and the prevalence of lead poisoning in that area, the number of existing staff that are skilled to complete these requirements, and whether the board of health has to contract with other agencies to complete these functions. Based on those factors, local boards of health may have to contract for public health nurses or lead inspectors/risk assessors certified by the Department, which would present additional costs. The mandatory use of the electronic database may require costs to the local boards of health in terms of the additional staff time necessary for routinely entering data into the database. Property owners may also incur additional costs, as discussed below, because they would have to abate or use interim controls when a lead hazard exists as determined by the blood levels set forth above and an inspection, whereas in the existing rules this would not have been determined unless there was a blood lead level of 20 µg/dL or above to generate an investigation.

Ultimately, detection of lead hazards requires property owners to pay for the cost of removal of these hazards. These costs can vary widely, depending on the extent of the hazards found, extent of the required intervention and need for maintenance. The cost of lead hazard abatement can range from a few hundred dollars for spot repairs and clean-up to $15,000 or more for removal of all lead paint from a unit. However, because this chapter emphasizes lead hazard detection and removal, in some cases the cost of abatement is less than if removal of all lead paint were required. Lead hazard screening and interim controls are estimated by the President's Task Force on Environmental Health Risks and Safety Risks to Children (2000) to cost around $1,200 per housing unit. The proposed amendment to allow interim controls for exterior

surfaces would reduce the economic impact on property owners in the instances when local boards of health determine interim controls are appropriate instead of or in addition to abatement.

Owners are also responsible for the costs of temporary relocation of the lead poisoned child and his or her family when relocation is determined to be necessary. To offset the costs to property owners, they may apply for financial assistance through the Lead Hazard Control Assistance Fund or the Emergency Lead Poisoning Relocation Fund, as applicable. Pursuant to N.J.S.A. 52:27D-437.8, and N.J.A.C. 5:48-3.6 in cases where a lead hazard poses an immediate risk in a rental housing unit and that case is referred to the Department of Community Affairs (DCA), DCA shall assist in the relocation, if relocation is warranted, and may seek reimbursement from the owner. Owners would also be responsible for the costs of hiring a licensed abatement or evaluation contractor to complete the required abatement work and develop a maintenance plan.

The Department believes that in the long term the rules proposed for readoption and the proposed amendments and new rules would have a positive economic impact on the families of children with elevated blood and the residents of this State. A recent report published by the Partnership for America's Economic Success stated that nationally "the costs of lead hazard control range from $1.2 to $11.0 billion. The benefits to lead hazard control is the sum of the costs for medical treatment ($11 to $53 billion), lost earnings ($165 to $233 billion), tax revenue ($25 to $35 billion), special education ($30 to $146 million), lead-linked ADHD cases ($267 million), and [lead-linked] criminal activity ($1.7 billion) for a total of $192 to $270 billion. The net benefit of

lead hazard control ranges from $181 to $269 billion, resulting in a return of $17 to $221 for each dollar invested in lead hazard control." (Elise Gould, Childhood Lead Poisoning: Conservative Estimates of the Social and Economic Benefits of Lead Hazard Control, June 30, 2009, at 16 available at http://www.partnershipforsuccess.org/uploads/20090630_ GouldLeadPaper.pdf) The Department also believes that the economic savings that stem from the actions required by this chapter over time will outweigh the costs necessary to complete case management, investigation, environmental interventions, abatement and /or interim controls and maintenance.

Federal Standards Statement

The Department is not proposing the readoption of this chapter or the proposed amendments, new rules, and repeals under the authority of, or in order to implement, comply with, or participate in any program established under Federal law. The Department's authority for this chapter is N.J.S.A. 24:14A-1 et seq., particularly 24:14A-11; 26:1A-7; 26:2-137 et seq., particularly 26:2-137.7; 26:2Q-1 et seq., particularly 26:2Q-12 and Executive Order No. 100 (Corzine, April 29, 2008). N.J.S.A. 26:2Q-1 et seq. references 42 U.S.C. 4851b for the definition of "interim control" and the Department proposes a definition for that term in accordance with the statute. The Department is not proposing the readoption of this chapter or the proposed amendments, new rules, and repeals under any other State statute that incorporates Federal law, standards, or requirements.

However, in order to establish standards consistent with existing Federal guidelines and laws applicable to residential lead hazards, the Department has elected

to incorporate by reference, as amended and supplemented the following standards in the rules: the U.S. Centers for Disease Control and Prevention's policy statements, "Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention" and "Preventing Lead Poisoning in Young Children;" and the U.S. Department of Housing and Urban Development's (HUD) "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing." The Department references the Federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d and the regulations of HUD and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 to provide notice to sellers and landlords of rental units of their obligation to report lead-based paint or lead hazards in houses built prior to 1978 to renters or buyers regardless of whether hazard reduction or abatement was completed.

The Department references the Occupational Safety and Health Administration Hazard Communication requirements at 29 CFR 1910.1200 (see 29 CFR 1926.59) as one of the training requirements for persons performing interim controls and the HUD Interim Controls-Paint Stabilization standards at 24 CFR 35.1330(b) as the required standards for the person performing interim controls. The Department also references the "Toxic Substance Control Act of 1976" in the existing definitions of lead contaminated soil and lead contaminated dust and regulations at 40 CFR 141 in the definition of nonpaint lead hazard. The rules at N.J.A.C. 8:51 do not impose requirements, which exceed Federal guidelines and laws, therefore, a Federal standards analysis is not required.

Jobs Impact

The rules proposed for readoption have not had and would not have an impact on the number of jobs available in New Jersey. The Department does not anticipate that the proposed amendments, new rules, and repeals would result in the generation or loss of jobs.

Agriculture Industry Impact

The rules proposed for readoption have not had and would not have an impact on agriculture in New Jersey. The proposed amendments, new rules, and repeals would not have an impact on agriculture.

Regulatory Flexibility Statement

This chapter establishes actions applicable to local boards of health Statewide. However, compliance with this chapter by local boards of health may require corrective actions to be taken by the owners of rental properties in which children with elevated blood lead reside. Some of this regulated group may be considered small businesses, as the term is defined in the Regulatory Flexibility Act at N.J.S.A. 52:14B-16 et seq.

The compliance requirements for small businesses incident to this proposal are set forth in the Summary above. The Department is not able to accurately estimate the cost of compliance with this chapter due to the varying impact of the requirements on each individual property owner. Depending on the condition of the property and the degree of the hazard identified, some property owners may be able to comply with little or no expense. Other property owners may incur expenses for the removal and disposal of lead paint, building components (windows and doors) covered with lead

paint, and associated clean-up costs. Particular compliance costs are described in the Economic Impact above.

At the same time, this chapter may potentially benefit another group of small businesses. N.J.S.A. 26:2Q-1 et seq. requires that all lead abatement work must be done by business firms licensed by the New Jersey Department of Community Affairs, using workers who have certifications from the New Jersey Department of Health and Senior Services. Many of the contractors who will perform this work may be considered small businesses.

The presence of lead in paint or in other items can create a hazard, as defined in this chapter, and can pose a serious threat to the health and well-being of children exposed to the hazard as described in the Social Impact statement above. It is not possible to impose less restrictive criteria for small businesses without leaving children exposed to these hazards. The Department believes that, in the interest of the health and welfare of children potentially affected by lead paint hazards and nonpaint lead hazards, it is not appropriate to establish different requirements for small businesses.

Smart Growth Impact

The rules proposed for readoption have not had and would not have an impact on the achievement of Smart Growth and the implementation of the State Development and Redevelopment Plan. The proposed amendments, new rules, and repeals would not have an impact on the achievement of Smart Growth and the implementation of the State Development and Redevelopment Plan.

Housing Affordability Impact

The rules proposed for readoption with amendments and the proposed new rules and repeals would have an insignificant impact on affordable housing in New Jersey and there is an extreme unlikelihood that the rules would evoke a change in the average costs associated with housing. The rules would apply to childhood lead screening and case management required by local boards of health and abatement and/or interim controls required of owners of residential housing units that contain lead hazards to children.

Smart Growth Development Impact

The rules proposed for readoption with amendments and the proposed new rules and repeals would have an insignificant impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2 or within designated centers under the State Development and Redevelopment Plan in New Jersey because the rules, as they relate to housing, concern abatement and/or interim controls of residential housing that contain lead-based paint or lead-contaminated dust or soil and that are a lead hazard to children. With regard to lead-based paint, the rules proposed for readoption and the proposed new rules and amendments would apply to housing built before 1978, prior to the nationwide ban on lead-based paint for residential use.

Full text of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 8:51.

Full text of the following rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 8:51 Appendix.

Full text of the proposed amendments, new rules and recodifications follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

CHAPTER 51

CHILDHOOD LEAD POISONING[:

STATE SANITARY CODE CHAPTER XIII]

SUBCHAPTER 1. GENERAL PROVISIONS

8:51-1.3 Incorporated materials

(a) The Department incorporates by reference, as amended and supplemented, in this chapter the following policies and guidelines:

1. "Managing Elevated Blood Lead Levels Among Young Children, Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention" (published March 2002);

2. "Preventing Lead Poisoning in Young Children," (published August 2005).

i. The policy statements in (a)1 and 2 above are published by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333 and are available electronically from the Centers for Disease Control and Prevention at http://www.cdc.gov/nceh/lead/publications/; and

3. "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing," (June 1995), published by the U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, 451

Seventh Street, S.W., Washington, DC 20410 and available at http://www.hud.gov/offices/lead/lbp/hudguidelines/index.cfm.

(b) The Department incorporates by reference the following forms and assessments in this chapter:

1. Hazard Assessment Questionnaire (Appendix A) is the questionnaire used to determine where environmental samples should be collected; develop corrective measures related to use patterns and living characteristics to be discussed by the environmental inspectors and the public health nurse; and develop a plan of care for the lead burdened child;

2. Environmental Intervention Report (Appendix B) is the form required to document in a standard format the identified lead hazards, including laboratory results and XRF readings, obtained by the local board of health during an environmental investigation;

3. User Confidentiality Agreement (Appendix E) is the required agreement that each user of the Childhood Lead Poisoning Information Database makes to maintain confidentiality of the information, in any format, collected and maintained pursuant to this chapter;

4. Childhood Lead Poisoning Prevention Home Visit Assessment (Appendix G) is one of the required case management assessments used to determine the plan of care by the public health nurse case manager during home visits and to document issues not captured through the Hazard Assessment Questionnaire;

5. Universal Child Health Record (Appendix H) is required under case management assessments to assure that a child's physical test results are updated in this health record at each pediatric office visit and the child's parents or guardian is aware of the test results through receipt of a copy of the record;

6. Nutritional Assessment (Appendix I) is one of the required case management assessments used to evaluate the diet of lead-burdened children for adequate intake, specifically adequate intake of foods containing the following nutrients: vitamin C, iron and calcium;

7. Quality Assurance and Improvement (Appendix J) is the form required to assure the accuracy of the data entered into the Childhood Lead Poisoning Information Database and to educate staff on the quality of the data; and

8. Childhood Lead Poisoning Prevention Case Closure (Appendix K) is the form required to be used by the public health nurse case manager to discharge children from case management.

(c) The forms and assessments set forth in (b) above are available electronically at the Department's "Forms" webpage at: http://web.doh.state.nj.us/apps2/forms/.

(d) The Department incorporates by reference the following materials in this chapter:

1. Template for Notice of Violation (Appendix F) is the letter that each local board of health must use to notify a property owner of a violation of this chapter;

2. Protocol for Data Entry in the Childhood Lead Poisoning Information Database and Communication (Appendix D) is the document that contains

requirements for the time-frame for data to be entered in the database as well as the protocol for maintaining data quality and communication with the Department and other users; and

3. Housing Component Terminology (Appendix C) is the document that contains the standard glossary of terms that the users must use in order to have consistent documentation of information throughout the State.

(e) The documents set forth in (d) above are available electronically at the Department's Child and Adolescent Health Program's webpage at www.state.nj.us/health/fhs/newborn/lead.shtml.

8:51-[1.3] **1.4** Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Abatement" means any set of measures or processes designed to [either mitigate or] permanently eliminate lead-based paint or any other lead-related hazards on a premises and includes, but is not limited to: the removal of lead-based paint and**/or** lead-contaminated dust; the enclosure or encapsulation of lead-based paint; the replacement or removal of lead-painted surfaces, fixtures, furniture, toys or objects; the removal, treatment or covering of lead-contaminated soil; and all preparation, clean-up, disposal, and post-abatement clearance testing activities associated with such measures.

…

"Case management" means a public health nurse's coordination, oversight and/or provision of the services required to identify lead sources,

eliminate a child's lead exposure and reduce the child's blood lead level below the level of concern as defined by CDC recommendations.

"Case management assessments" means assessments that identify the wellness of the child and family, consisting of the following:

1. Childhood Lead Poisoning Prevention Home Visit Assessment, available at Appendix G;

2. Universal Child Health Record, available at Appendix H; and

3. A nutritional assessment, available at Appendix I.

"Case manager" means a person who is responsible for coordinating care, ensuring communication, monitoring medical oversight and ensuring follow-up on all referrals for services.

"Causative factor" means any housing condition that contributes to the deterioration of paint or the significant accumulation of household dust, such as, but not limited to, the failure of a system designed to prevent moisture infiltration for example, roof, siding or windows; leaks or other deficiencies in household plumbing or heating; and horizontal surfaces which are damaged, worn and/or not washable for example, floors, window wells or stair treads).

"CDC recommendations" means the recommendations made by the United States Centers for Disease Control and Prevention, as specified in its policy statement**s**: **"Managing Elevated Blood Lead Levels Among Young Children, Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention," published March 2002 and** "Preventing Lead Poisoning in Young Children," published [October 1991] **August 2005**, by the U.S. Department of Health

and Human Services, Public Health Service, Centers for Disease Control and Prevention, **1600 Clifton Road,** Atlanta, GA 30333 [, and any amendments thereto].

…

"Commissioner" means the Commissioner of the New Jersey Department of Health and Senior Services**, or his or her designee**.

…

"Elevated blood lead level" shall have the same meaning as set forth in the CDC recommendations.

"Environmental intervention" means actions taken by the [appropriate authority] **local board of health with jurisdiction** to [identify]**:**

1. Identify lead hazards present in the child's environment [and to order] **;**

2. Order the abatement of those hazards **or interim controls, which are only applicable for hazards on exterior surfaces** [,] **;** and [to educate]

3. Educate the family of the child identified with lead poisoning.

...

"Hazard assessment" means conducting all of the following activities:

1. Collection of background information regarding physical characteristics and residential use patterns including:

i. The age of the structure and any additions;

ii. Copies of any previous lead hazard inspections or assessments;

iii. A diagram of the dwelling showing each room and its use;

iv. The number of children under 72 months of age and women of child bearing age residing in the dwelling upon notification of a confirmed blood level

of 10 µg/dL; and

v. Potential sources of lead exposure in the neighborhood.

2. Administration, to a parent, guardian or responsible adult, of the Hazard Assessment Questionnaire, available at Appendix A;

3. A visual inspection of the dwelling to determine the condition of all interior and exterior painted surfaces and to detect any evidence of chewing on painted surfaces;

4. Testing of defective paint, using an XRF instrument, on the interior surfaces of the dwelling, other buildings on the premises, furniture, toys, and play structures;

5. Testing of intact paint, using an XRF instrument, on friction surfaces;

6. Testing of intact paint, using an XRF instrument, on chewable surfaces, if indicated by the Hazard Assessment Questionnaire or if evidence of chewing is noted;

7. Testing of paint, using an XRF instrument, on impact surfaces, if there is evidence of impact damage;

8. Dust sampling of window sills and floors in rooms identified in the Hazard Assessment Questionnaire as play areas, hiding spots or areas where the child is most likely to come in contact with dust;

9. Evaluation of the exterior of the residence, using an XRF instrument, if no lead-based paint hazard is found in the interior of the residence; and

10. Testing of the soil, if no lead-based paint hazard is found in either the interior or exterior of the residence.

"HUD Guidelines" means the United States Department of Housing and Urban Development's "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing," [July] **June** 1995, [Document #1539-LBP,] **published** by the U.S. Department of Housing and Urban Development, Office of **Healthy Homes and** Lead Hazard Control, 451 Seventh Street, S.W., Washington, DC 20410 [, and any amendments thereto].

…

"Interim controls" means a set of measures or processes designed to reduce temporarily human exposure or likely exposure to lead-based paint hazards, including specialized cleaning, repairs, temporary containment, painting, maintenance, ongoing monitoring of lead-based paint hazards or potential hazards, and the establishment and operation of management and resident education programs.

"Lead-based paint" means paint or other surface coating material that contains lead **equal to or** in excess of 1.0 milligram per square centimeter or in excess of 0.5 percent by weight, **or other level as may be established by Federal law**.

"Lead-based paint hazard" shall have the meaning established at N.J.S.A. 26:2Q-2.

…

"Limited hazard assessment" means conducting activity numbers two through four and number eight under the definition for hazard assessment.

"Non-paint lead hazard" means any condition that allows access or exposure to a lead hazard that is not related to lead-based paint, including, but not limited to: lead-

contaminated particles brought into the dwelling by adults who are exposed to lead in an occupation or hobby; lead-containing materials used in the dwelling for art works or hobbies; water containing lead in excess of the standards set by the U.S. Environmental Protection Agency at 40 C.F.R. **Part** 141, food stored in cans with lead soldered seams; pottery or ceramics with leachable lead glazes; **toys**; **jewelry**; or traditional **foods,** medicines or cosmetics containing lead.

…

"Public health nurse" shall have the meaning established at N.J.A.C. 8:52-2.1 and shall consist of nurses:

1. Licensed pursuant to N.J.S.A. 45:11;

2. With the qualifications set forth at N.J.A.C. 8:52-4.2; and

3. That comply with the public health nursing responsibilities established at N.J.A.C. 8:52-7.

"Reinspection" means a visual assessment of painted surfaces and limited dust and soil sampling conducted periodically following lead-based paint hazard reduction where lead-based paint is still present.

…

[“Secondary address” means a dwelling, other than the primary residence, where a child spends a significant portion of time, including, but not limited to, the residences of relatives or friends, the residences of babysitters, day care centers, schools, and public facilities.]

"Secondary address" shall mean any location other than the primary residence, where a child spends 10 or more hours per week.

"Testing" means a combination of methods to collect and measure content of lead in paint, soil and/or dust.

…

"XRF instrument" means a portable instrument most commonly used to analyze paint in order to determine lead concentration in milligrams per square centimeter using the principle of x-ray fluorescence.

SUBCHAPTER 2. SCREENING AND CASE MANAGEMENT

8:51-2.3 Confirmation of blood lead test results

(a) A capillary blood screening sample that produces a blood lead level of [20] **10** µg/dL or greater shall be confirmed by a venous blood lead sample before an environmental intervention is performed.

1. A venous blood lead level of [20] **10** µg/dL or greater does not require a confirmatory test.

(b) If a child is reported to have a blood lead level of [20] **10** µg/dL or greater on a capillary sample, the local board of health in whose jurisdiction the child resides shall contact the child's parent or guardian to ensure that a timely venous confirmatory blood lead test is performed, in accordance with the CDC recommendations and in cooperation with the child's health care provider.

1. If it is determined that the child has moved to another jurisdiction subsequent to being tested but before a venous confirmatory test can be obtained, the local board of health shall notify the local board of health in whose jurisdiction the child now resides.

8:51-2.4 Case management

(a) Whenever a child [is determined to have] **has** a confirmed blood lead level of

[20] **15** µg/dL or greater, **or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart,** the local board of health shall provide for case management of the child and his or her family.

(b) [Case management shall consist] **Whenever a child has a confirmed blood lead level of 15 to 45 µg/dL or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart, a public health nurse shall perform case management consisting** of:

1. A home visit in accordance with N.J.A.C. 8:51-2.5;

2. Education, both written and verbal, and counseling of the primary caregiver about the effects and prevention of lead poisoning;

3. A review of the lead Hazard Assessment Questionnaire, available at Appendix A, with the lead inspector/risk assessor certified by the Department to ensure that the child's environment has been evaluated for non-paint lead hazards and that the environmental intervention has been performed in accordance with N.J.A.C. 8:51-4.2;

4. Monitoring blood lead retesting and results in cooperation with the primary care physician according to CDC recommendations;

[1] **5**. Determining whether or not the child has a regular provider of medical care, and, if not, referral to a physician or licensed health care facility [that is willing and able] to provide primary medical care to the child;

[2] **6**. Assisting the family in arranging for a medical evaluation, venous follow-up blood lead tests and related medical treatment in cooperation with the child's physician;

[3] **7**. Arranging for lead screening, when indicated, of siblings and other children

between six months and six years of age living in the same household, in accordance with N.J.A.C. 8:51A**, and of pregnant women living in the same household**;

8. Assessing the need for emergency relocation funding and initiating collaboration with the appropriate agencies;

i. Financial assistance through the Department of Community Affairs' Emergency Lead Poisoning Relocation (ELPR) Program or the Relocation to End Exposure to Lead (REEL) Program may be available to occupants on a case-by-case basis.

ii. The local board of health shall initiate contact with DCA, or DCA's agent, to facilitate the relocation process through the ELPR or REEL Program, if applicable.

9. Ensuring that a hazard assessment is completed at all proposed relocation addresses;

[4] **10**. Education about lead poisoning, its possible effects on children, and lead hazards that may be present on the premises;

[5] **11**. Education and counseling about nutrition and its role in reducing lead absorption;

[6] **12**. Education and counseling about personal hygiene and housekeeping measures that parents can take to reduce their child's exposure to lead hazards;

[7. Assessment of other health, developmental and socioeconomic needs of the child and family and referral to appropriate community resources;]

14. The completion of case management assessments;

i. Public health nurses may complete additional assessments as they determine are appropriate.

15. Referrals to appropriate community resources including but not limited to: child health conference; Division of Youth and Family Services; federally qualified health center; New Jersey Family Care/Medicaid; the local sub-code official for housing; Special Child Health Services; Women, Infants and Children; transportation services; and other community services;

[8] **16**. Monitoring of all follow-up activities to ensure that medical, environmental and educational interventions are delivered in a timely, safe and coordinated manner according to current standards of care; and

[9] **17.** Referral, in writing, of children under active case management who move from the jurisdiction of one board of health to another, if a forwarding address is available.

(c) Whenever a child has a confirmed blood lead level of 45 µg/dL or greater case management shall:

1. Be performed by a public health nurse;

2. Comply with (b) above; and

3. Consist of the following:

i. Immediate hospitalization of any child that has a confirmed blood lead level of 45 µg/dL or greater;

ii. Ensuring that the child is removed from the source of lead hazard and relocated to lead safe housing, as determined by the local board of health;

iii. Assessing the need for emergency relocation funding and collaborating with the appropriate agencies and the hospital discharge planner to complete the application process before hospital discharge;

iv. Ensuring that environmental intervention is completed at the relocation residence before hospital discharge in conformance with N.J.A.C. 8:51-4.1(b)5;

v. Assisting the family in identifying a pharmacy and obtaining required prescriptions before discharge from the hospital;

vi. Teaching the child's caregiver the medication regimen and proper administration of the medication and monitoring compliance with the medication regimen;

vii. Collaborating with the health insurance carrier case manager to ensure proper administration of the medication;

viii. Collaborating with the primary care physician and the health insurance carrier case manager to ensure timely medical follow-up during and after chelation;

ix. Monitoring blood lead retesting and results in cooperation with the primary care physician according to CDC recommendations;

x. Maintaining ongoing communication with the primary care physician and the health insurance carrier case manager regarding the child's response to the treatment regime; neurodevelopmental reassessments, the referral process, and the abatement status of the primary residence; and

xi. Monitoring of all follow-up activities to ensure that medical, environmental and educational interventions are delivered in a timely, safe and coordinated manner according to current standards of care.

(d) The local board of health shall ensure that each case set forth at N.J.A.C. 8:51-2.4(a) is assigned to a case manager as follows:

1. Assignments shall be made within one business day from the date of notification;

2. When an assigned case no longer has an active case manager, the case shall be reassigned within one business day; and

3. When a child is temporarily relocated to another jurisdiction, the case shall remain with the original case manager.

(e) The case manager shall discharge children from case management when all of the following conditions are met:

1. Environmental hazards have been eliminated by abatement or managed by interim controls;

2. A follow-up venous blood lead level has declined to below 10 µg/dL after three months from the last elevated blood lead level;

3. All assessments and referrals have been completed;

4. All elements of the care plan have been achieved;

5. The Case Closure Form, available at Appendix K, is completed;

6. Plans have been completed with the physician and the primary caregiver for long term developmental follow-up; and

7. Completion of a minimum of three documented attempts of contact by the local board of health when a lead-burdened child has moved and cannot be located.

i. One documented attempt shall be a certified letter from the local board of health.

8:51-2.5 Home visits

(a) Each public health nurse completing case management shall conduct an initial home visit according to the following schedule:

Blood Lead Levels (µg/dL) (venous samples only)	**Time Frame For Initial Home Visit**
Following two consecutive test results between 10 and 14	**Within three weeks**
15 to 19	**Within two weeks**
20 to 44	**Within one week**
45 to 69	**Within 48 hours**
≥ 70	**Within 24 hours**

(b) When a child under active case management moves from the jurisdiction of one local board of health to another, the [registered] **public health** nurse in the new jurisdiction shall conduct a home visit according to the same schedule established for initial home visits in (a) above.

SUBCHAPTER 3. REPORTING **AND CONFIDENTIALITY**

8:51-3.1 Notification to local board of health

Whenever the Department receives a report from a laboratory of a blood lead level of [20] **10** µg/dL or greater in a child, the Department shall notify the local board of health in whose jurisdiction the child resides **through the Childhood Lead Poisoning Information Database as set forth at N.J.A.C. 8:51-10**.

8:51-3.2 Reporting by local boards of health

(a) When a local board of health receives a report of a child with **a** blood lead level of [20] **10** µg/dL or greater, it shall report [back] to the Department **through the Childhood Lead Poisoning Information Database as set forth at N.J.A.C. 8:51-10**, on the actions it has taken on behalf of the child[:

1. Upon completion of the environmental intervention, it shall report the date the inspection was completed, name of the inspector, type of inspection performed (visual or XRF; hazard assessment or limited hazard assessment), whether an abatement is required, and, if not, the reason no abatement was required; and

2. Upon completion of the abatement, if required, the date abatement was completed, the type of abatement performed, and by whom the abatement was performed].

1. The local board of health shall report the following case management information:

i. Case manager's name;

ii. Date case assigned;

iii. Medical home referral date;

iv. Dates of all assessments;

v. Dates of all referrals made and outcomes;

vi. Dates of all events performed and outcomes including contact attempts (phone and/or letters);

vii. No entry visits, initial visits, and revisits;

viii. Physician follow-up;

ix. Lead retest following elevation;

x. Siblings referred for testing;

xi. Siblings tested and results;

xii. Parent and/or caregiver education;

xiii. Other pertinent events; and

xiv. The date and reason case was discharged.

2. The local board of health shall report the following environmental intervention information:

i. General information including date case was referred, dwelling type, occupancy, year built, owner's name, owner's address, and owner's telephone;

ii. All inspector's information including: identification number, name, address, phone (work office and work mobile);

iii. All investigation information including: date referred, type of investigation required, reason if investigation not required, date inspection started, date inspection completed, reason investigation delayed, lead paint hazard locations, lead hazards other than paint found, industrial hazards within one mile, and other violations of local codes found;

iv. All abatement activity including: name of contractor, contractor's license number and address, date abatement completed, date environmental case closed, reason if abatement not required, reason abatement delayed, name of person or company who performed work and hazard abatement methods used; date of passing clearance test; and the clearance test report received from the laboratory;

v. All funding information including: date tenant applied for relocation funding, date tenant relocation funding approved, relocation funding sources used, date owner applied for abatement funding, date abatement funding approved and abatement funding sources used; and

vi. For interim controls, the local board of health shall report the information set forth in (a)2i-iv above, as it relates to interim controls.

(b) The local board of health shall provide all information regarding actions it has taken on behalf of the child to the child's primary care provider when requested.

(c) When relocation assistance is required pursuant to N.J.S.A. 52:27D-437.1 et seq., the local board of health shall report all violations and enforcement procedures to the Department of Community Affairs.

8:51-3.3 Confidentiality of records

(a) All **medical information or information concerning reportable events pursuant to this chapter, including all written and electronic** records maintained by the Department, and by local boards of health, regarding blood lead screening**, case management activities**, and environmental interventions, that identify individual

children, including address information and laboratory test results, shall [be confidential in accordance with Executive Order No. 9(1963), issued by former Governor Richard J. Hughes, and shall not be released without a signed release from the child's parent or legal guardian, except that these records may be released to other government agencies having regulatory responsibility regarding lead hazards] **not be disclosed except under the following circumstances:**

1. With a signed release from the child's parent or legal guardian;

2. When the Commissioner determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named party, in accordance with applicable State and Federal laws; or

3. Pursuant to a valid court order, issued by a court of competent jurisdiction.

(b) The Department may release the records described in (a) above to other government agencies having regulatory responsibility regarding lead hazards or under the circumstances set forth at N.J.A.C. 8:51-10.1(b)7.

(c) Users of the Department's Childhood Lead Poisoning Information Database shall sign a User Confidentiality Agreement, available at Appendix E, as established at N.J.A.C. 8:51-10(j).

SUBCHAPTER 4. ENVIRONMENTAL INTERVENTION

8:51-4.1 Environmental intervention for all children with confirmed blood lead levels of [20] **15** µg/dL or greater**, or two consecutive test results between 10 µg/dL and 14 µg/dL, that are at least between one month to three months apart**

(a) Whenever a child [is determined to have] **has** a confirmed blood lead level of [20] **15** µg/dL or greater, **or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart,** the local board of health in whose jurisdiction the child resided at the time of testing shall provide environmental intervention.

(b) The **local board of health shall be responsible for conducting the** environmental intervention [shall be performed] at the primary residence of the child.

1.-3. (No change.)

4. If it is determined that the child has moved, subsequent to being tested, to a primary residence outside of its jurisdiction, then the local board of health shall conduct an environmental intervention in accordance with (b)1 through 3 above and shall forward the report**(s)** of blood lead test result**s** [of 20 µg/dL or greater] to the local board of health in whose jurisdiction the child now resides, which shall conduct an environmental intervention at the child's [current] **new** primary residence.

5. When the child's family is required by the local board of health to relocate or decides to relocate voluntarily, the local board of health shall conduct an environmental intervention of the planned relocation address to make sure it is lead-safe before the child moves to the new address.

i. The local board of health shall conduct a limited hazard assessment at the planned temporary relocation address even if it is outside of its jurisdiction.

ii. The local board of health shall conduct a hazard assessment at the planned permanent relocation address in its jurisdiction.

(c) If the primary residence of the child is part of a multi-unit dwelling, the **local board of health shall be responsible for conducting the** environmental intervention [shall be performed] on the dwelling unit in which the child resides, and any common areas on the interior or exterior of the dwelling, or the premises, that are used by or accessible to the child.

1. The local board of health shall provide written lead educational materials to tenants of all units of a multi-unit dwelling when a child with an elevated blood lead level is identified in one of the units.

2. The local board of health may expand the environmental intervention to include any other units or areas of the premises, including the entire premises, that may contain lead hazards that are accessible to children**, or make referrals to federal, State or municipal agencies, as appropriate**.

[(d) The environmental intervention shall be conducted by a person who has met the training and permitting requirements for inspector/risk assessor specified in N.J.A.C. 8:62.]

(d) A lead inspector/risk assessor certified by the Department and trained in accordance with N.J.A.C. 8:62 shall conduct the environmental intervention.

(e) The local board of health shall conduct the initial environmental intervention according to the following schedule:

Blood Lead Levels (µg/dL) (venous samples only)	**Time Frame For Initial Environmental Intervention**
Following two consecutive test	**Within three weeks**

results between 10 and 14	
15 to 19	**Within two weeks**
20 to 44	**Within one week**
45 to 69	**Within 48 hours**
≥ 70	**Within 24 hours**

(f) In premises that were constructed in 1978 or later, or that are designated as lead-free in accordance with N.J. A. C. 5:17, environmental intervention shall consist of administration of the Hazard Assessment Questionnaire, available at Appendix A, to the parent or guardian.

8:51-4.2 Environmental intervention for children up to 72 months of age

(a) Whenever a child up to 72 months of age [is determined to have] **has** a confirmed blood lead level of [20] **15** µg/dL or greater, **or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart,** the local board of health in whose jurisdiction the child resides shall conduct a hazard assessment of the child's primary residence to identify lead sources in the child's environment.

1. Upon completion of the hazard assessment, if a follow-up blood lead test remains elevated, the local board of health shall conduct another evaluation of the residence to determine additional sources of lead.

(b) [A] **The local board of health shall conduct a limited** hazard assessment **and dust sampling** [shall also be conducted] on the following addresses that are determined, through the [hazard assessment questionnaire, (chapter Appendix,

incorporated herein by reference)] **Hazard Assessment Questionnaire, available at Appendix A,** to [be] **have been** built before 1978 **or to not have a lead-free certificate** [and to contain defective paint or have undergone renovations or remodeling within the past six months.]**:**

1. Any previous primary address where the child has resided within the three months prior to the blood lead test; and

2. Any secondary address where the child spends at least 10 hours per week.

[(c) A hazard assessment shall consist of, but not be limited to, the following:

1. Collection of background information regarding physical characteristics and residential use patterns including:

i. The age of structure and any additions;

ii. Copies of any previous lead hazard inspections or assessments;

iii. A diagram of dwelling showing each room and its use;

iv. The number of children under 72 months of age currently residing in the dwelling; and

v. Potential sources of lead exposure in the neighborhood.

2. Administration to a parent, guardian or responsible adult of the hazard assessment questionnaire found in the chapter Appendix;

3. A visual inspection of the dwelling to determine the condition of all interior and exterior painted surfaces and to detect any evidence of chewing on painted surfaces;

4. Testing of defective paint on the interior and exterior surfaces of the dwelling, other buildings on the premises, furniture, toys, or play structures;

5. Testing of intact paint on friction surfaces;

6. Testing of intact paint on chewable surfaces, if indicated by the questionnaire or if evidence of chewing is noted;

7. Testing of paint on impact surfaces, if there is evidence of impact damage;

8. Dust sampling of window sills and floors in rooms identified in the questionnaire as play areas, hiding spots or areas where the child is most likely to come in contact with dust. At least one sample shall be collected on the floor of the primary entry way. A minimum of six samples per dwelling shall be collected and analyzed in accordance with N.J.A.C. 8:51-5; and

9. Soil sampling, when indicated by the questionnaire, of bare soil on the premises of the primary residence that is accessible and/or posing a hazard to the child. If indicated, a minimum of two soil samples shall be collected and analyzed in accordance with N.J.A.C. 8:51-5.]

[(d)]**(c)** The local board of health shall investigate and take appropriate action regarding other possible sources of lead exposure, as indicated by the results of the [questionnaire] **Hazard Assessment Questionnaire**.

1. Other sources may include, but are not limited to, nonpaint lead hazards and other sites with potential lead hazards that are accessible to the child.

[(e) Whenever a child up to 72 months of age at time of testing is determined to have a capillary blood lead result of 45 µg/dL or higher, the local board of health shall conduct a visual inspection of the child's primary residence within 48 hours for the purposes of identifying immediate lead hazards, providing appropriate education and expediting a venous confirmatory test. If, upon notification or receipt of a capillary blood lead result of 45 µg/dL or higher, the local board of health determines that a venous

confirmatory blood lead sample has been drawn or will be performed within 48 hours, no action is required until the results of the confirmatory test are available.]

8:51-4.3 Environmental intervention for children whose age is 72 months or greater

[(a) Whenever a child, whose age is 72 months or greater is determined to have a confirmed blood lead level of 20 µg/dL or greater, the local board of health in whose jurisdiction the child resides shall administer to the child's parent, guardian or responsible adult the hazard assessment questionnaire in the chapter Appendix.

(b) If exposure to a nonpaint lead hazard is identified through the questionnaire, the local board of health shall order remediation of that hazard, and/or provide the family with education how to avoid exposure to that hazard.]

[(c)] **(a)** [If exposure to a nonpaint lead hazard is not identified, then the local board of health shall] **Whenever a child, whose age is 72 months or greater, has a confirmed blood lead level of 15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart, the local board of health in whose jurisdiction the child resides shall** conduct a limited hazard assessment of the child's primary residence[. A limited hazard assessment shall also be conducted on] **and** any secondary addresses that are determined to be a likely source of exposure to the child. [The limited hazard assessment shall consist of, but not be limited to, the following:

1. Collection of background information regarding physical characteristics and residential use patterns including:

i. The age of structure and any additions;

ii. Copies of any previous lead hazard inspections or assessments;

iii. A diagram of dwelling showing each room and its use;

iv. The number of children currently residing in the dwelling; and

v. Potential sources of lead exposure in the neighborhood;

2. A visual inspection of the dwelling to determine the condition of all painted surfaces, to detect any evidence of chewing on painted surfaces and to identify any other probable source of lead exposure; and

3. Testing of defective paint surfaces and areas where evidence of chewing has been identified.]

(b) If the Hazard Assessment Questionnaire identifies exposure to a nonpaint lead hazard, the local board of health shall order removal of that hazard, and/or provide the family with education about how to avoid exposure to that hazard.

[(d)]**(c)** If the child with confirmed blood lead of [20] **15** µg/dL or greater, **or two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart,** has been medically diagnosed as having a developmental disability or developmental delay, such that the effective developmental age of the child is less than 72 months, the investigation of the child's environment shall be conducted as if the child were less than 72 months of age, in accordance with N.J.A.C. 8:51-4.2.

[N.J.A.C. 8:51-4.4. Environmental intervention for children with persistent blood lead levels between 15 and 19 µg/dL

(a) Whenever a child less than 72 months of age is determined to have a blood lead level in the range of 15 µg/dL to 19 µg/dL for two consecutive tests, performed on

venous blood samples, taken at least three months but no more than 12 months apart, the local board of health shall provide written and verbal educational information to the parents/guardian of the child and, in the case of a rental unit, to the property owner of the dwelling where the child/family resides. The educational material shall address the following topics: sources of childhood lead exposure, testing children for lead poisoning, what blood lead test results mean and what parents and property owners can do to protect children from lead exposure.

(b) Whenever a child less than 72 months of age is determined to have a blood lead level as specified in (a) above, the local board of health in whose jurisdiction the child resides may conduct a limited hazard assessment as specified in N.J.A.C. 8:51-4.3(c).]

8:51-[4.5]**4.4** Reporting results of environmental interventions

(a) The local board of health shall provide [a written report] **an Environmental Intervention Report, available at Appendix B,** to the property owner of the dwelling where the child [/] **and his or her** family resides, describing the findings of the hazard assessment or limited hazard assessment, identifying any conditions determined to constitute a lead hazard, and setting forth orders, if required, for the abatement **and/or interim control** of those hazards.

(b) The local board of health shall be prohibited from including in the report described in (a) above the name of any lead-burdened child pursuant to N.J.A.C. 8:51-3.3.

(c) The local board of health shall include a Notice of Violation, containing the text in the template, available at Appendix F, with the report described in (a) above.

[(b)] **(d)** The local board of health shall [also] provide a [written report] **copy of the Environmental Intervention Report described in (a) above and a copy of the Notice of Violation** to the parents **or** [/] guardian of the child describing the findings of the hazard assessment or limited hazard assessment and identifying any conditions determined to constitute a lead hazard.

(e) The local board of health shall provide a copy of the Notice of Violation to the local construction official.

SUBCHAPTER 5. DETERMINATION OF LEAD IN DWELLING UNITS

8:51-5.1 Environmental sampling methods

(a) [Single] **The local board of health shall collect single** surface paint and other surface coating samples [shall be collected] in conformance with sampling procedures found in the HUD Guidelines.

(b) [Single] **The local board of health shall:**

1. Collect single surface dust wipe samples [shall be collected] in conformance with sampling procedures found in the HUD Guidelines [.] ;

2. Collect at least one sample on the floor of the primary entry way; and

3. Collect and analyze a minimum of six single surface dust wipe samples per dwelling.

(c) [Soil] **The local board of health shall:**

1. Collect soil samples [shall be collected] in conformance with sampling procedures found in the HUD Guidelines [.] **; and**

2. Collect and analyze a minimum of two samples of bare soil from the primary residence that is accessible and/or poses a hazard to the child.

8:51-5.2 On site x-ray fluorescence testing

(a) **The local board of health shall perform** X-ray fluorescence (XRF) testing conducted as part of a hazard assessment or limited hazard assessment [shall be performed] in conformance with the EPA/HUD Performance Characteristic Sheet for the specific XRF instrument being used or other applicable Federal protocols [that may be developed]. [To obtain sheets, write to:

XRF Performance Characteristic Sheets

U.S. Department of Housing and Urban Development

Office of Lead Hazard Control

451 Seventh Street, SW

Washington, DC 20410]

1. The XRF Performance Characteristic Sheets are located in "Addendum 3" of the HUD Guidelines, and may be obtained in PDF format from the following web site: http://www.hud.gov/offices/lead/lbp/hudguidelines/index.cfm.

(b)-(c) (No change.)

[8:51-5.4 Approval of other samples or testing methods

Any other sample collection or testing method may be used if approved by the New Jersey Department of Community Affairs in accordance with N.J.A.C. 5:17.]

8:51-5.4 Approval of other samples or testing methods

(a) The local board of health may use any other sample collection or testing method if approved by any government agency having regulatory responsibility regarding lead hazards.

(b) The local board of health may use results from onsite paint, soil or dust testing methods for screening purposes but shall confirm the results pursuant to N.J.A.C. 8:51-5.3 for enforcement purposes.

SUBCHAPTER 6. ABATEMENT **AND/OR INTERIM CONTROLS** OF LEAD HAZARDS

8:51-6.1 Issuance of abatement **and/or interim controls** orders

(a) The local board of health shall order the abatement **and/or interim controls** of any condition that it determines to be a lead hazard.

(b) The order set forth in (a) above shall:

1. Include the environmental intervention report to the property owner as established in N.J.A.C. 8:51-4.4(a); and

2. Use the Housing Component Terminology, available in Appendix C.

8:51-6.2 Exterior surfaces

(a) The local board of health shall order the abatement and/or interim controls of [Lead] **lead**-based paint on any exterior surface that is accessible to children and is defective, or is otherwise determined by the local board of health to be causing a hazard to occupants or anyone coming in contact with such paint[, shall be abated].

(b) When the order is for abatement of exterior surfaces, the person performing the abatement shall comply with N.J.A.C. 5:17, Lead Hazard Evaluation and Abatement Code.

(c) When the order is for interim controls, the following criteria shall apply:

1. The person performing the interim controls shall :

i. Complete training in accordance with the Occupational Safety and Health Administration Hazard Communication requirements at 29 CFR 1910.1200 (see 29 CFR 1926.59); and

ii. Be supervised by a certified lead-based paint abatement supervisor; or

iii. In place of (a)1i and ii above, have successful completion of training as a certified renovator through the Department of Community Affairs.

2. Acceptable interim control methods for exterior surfaces are: paint stabilization, siding (such as vinyl) and/or aluminum wrap.

3. The person performing the interim controls shall stabilize the paint, at a minimum, for exterior components and surfaces which are not friction, impact, or chewable surfaces, in accordance with HUD's Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance at 24 CFR 35.1330(b) and Chapter 11 of the HUD Guidelines.

4. The person performing the interim controls shall remove the paint from contact areas or temporary barriers installed for exterior components and surfaces which are friction, impact, or chewable surfaces.

5. The property owner shall hire a licensed lead evaluation contractor or lead abatement contractor to prepare an ongoing maintenance plan.

6. The property owner shall provide the ongoing maintenance plan to the tenant(s).

8:51-6.3 Interior surfaces

(a) **The local board of health shall issue an order to abate** [Defective] **defective** lead-based paint [shall be abated] wherever found.

(b) **The local board of health shall issue an order to abate** [All] **all** lead-based paint on friction **and impact surfaces** [shall be abated when lead-contaminated dust is identified on window sills and floors].

(c) **The local board of health shall issue an order to abate** [Chewable] **chewable** surfaces that have been tested [in accordance with N.J.A.C. 8:51-4.2(c)6] and found to contain lead-based paint [shall be abated].

[(d) Impact surfaces that have been tested in accordance with N.J.A.C. 8:51-4.2(c)7 and found to contain lead-based paint shall be abated.

(e) In dwellings where lead contaminated dust has been identified, defective paint, regardless of lead content, on floors, window sills and window wells shall be repaired and these surfaces refinished with a non-leaded coating material for the purpose of making these surfaces cleanable. If the paint being removed or repaired is not lead-based paint, as defined in N.J.A.C. 8:51-1.3, then this work shall not be considered lead abatement and does not require compliance with N.J.A.C. 5:17.]

(d) In dwellings where lead contaminated dust has been identified, the local board of health shall ensure that defective paint, regardless of lead content, on floors, window sills and window wells, are repaired and refinished with a non-leaded coating material for the purpose of making these surfaces cleanable.

1. If the paint being removed or repaired is not lead-based paint, then this work shall not be considered lead abatement and does not require compliance with N.J.A.C. 5:17.

[8:51-6.4 Lead-contaminated soil

Lead-contaminated soil, identified as per N.J.A.C. 8:51-4.2(c)9 shall be abated in accordance with N.J.A.C. 5:17.]

8:51-6.4 Lead-contaminated soil

(a) When the local board of health identifies lead-contaminated soil in accordance with hazard assessment activities, the local board of health shall order abatement and/or interim controls.

(b) When the order allows for interim controls and the bare soil is lead-contaminated, the person performing the interim controls may use impermanent surface coverings such as gravel, bark, and sod, as well as land use controls such as fencing, landscaping, and warning signs to reduce the exposure or likely exposure to the hazard.

8:51-6.5 Abatement **and/or interim controls** of other conditions that constitute a lead hazard

The local board of health may order the abatement **and/or interim controls** of any other condition that it considers to be a lead hazard[, as defined in N.J.A.C. 8:51-1.3].

8:51-6.6 Repair of conditions that cause or contribute to defective paint

(a) The local board of health may order the repair of any condition that it considers **a** causative or contributory **factor** to defective paint [, as defined in N.J.A.C. 8:51-1.3].

1. [These conditions] **Causative or contributory factors** may include, but are not limited to, roof [leaks], water [leaks]**,** and plumbing leaks.

8:51-6.7 Referral of ambient sources of lead

If, in the course of conducting an environmental intervention, the local board of health identifies what it believes to be an ambient source of lead[, as defined in N.J.A.C. 8:51-1.3], it shall notify the New Jersey Department of Environmental Protection or its Certified County Environmental Health Act Agency.

SUBCHAPTER 7. PROCEDURES FOR ABATEMENT **AND/OR INTERIM CONTROLS** OF LEAD HAZARDS

8:51-7.1 Responsibility for abatement **and/or interim controls** of lead hazards **and ongoing maintenance**

(a) The owner, or the owner's agent, if the owner cannot be contacted, of a property found to have lead hazards in violation of this chapter shall be responsible for performing, or arranging for, abatement **and/or interim controls** of the lead hazards, and the expenses associated therewith, including removal of the hazards, disposal of waste products**,** [and] protection or relocation of dwelling occupants, if required, **and ongoing maintenance of any remaining lead-based paint**.

1. In cases where a lead hazard condition poses an immediate risk of continuing exposure for children, the property owner shall relocate occupants immediately upon receipt of the determination made by the local board of health

to comparable lead safe housing until the completion of abatement and/or interim controls work.

i. Financial assistance through the Department of Community Affairs, Emergency Lead Poisoning Relocation (ELPR) Fund or the Relocation to End Exposure to Lead (REEL) Program may be available to occupants on a case-by-case basis.

ii. In cases where a lead hazard condition poses an immediate risk of continuing exposure for children, and the housing unit is a rental, the requirements set forth at N.J.S.A. 52:27D-437.8 for relocation determination and assistance shall apply.

2. If the property owner fails to perform any of these responsibilities, the local board of health [may] **shall** perform, or arrange for the performance of, the required activities, and [may] **shall** bill the property owner for the expenses incurred.

3. The property owner shall comply with the following owner's responsibilities and respective compliance criteria:

OWNER'S RESPONSIBILITY	**COMPLIANCE CRITERIA**
Submission of scope of work to the local board of health	**Within 30 days from the date of Notice of Violation identifying the lead hazards**
Secure financial resources	**Within 45 days from the date of Notice of Violation identifying the lead hazards**

Perform clearance testing	**From an independent certified risk assessor no sooner than one hour after the final cleaning is completed pursuant to N.J.A.C. 5:17-9.1(a), and within 30 calendar days from the final cleaning pursuant to N.J.A.C. 8:51-8.2(a).**

(b) The owner of the property is not responsible for **the** abatement **and/or interim controls** of nonpaint lead hazards that are not normally under the control of the owner, such as hazards created by the personal effects or practices of tenants of the property.

(c) [However, the] **The** property owner is responsible for **the** abatement **and/or interim controls** of nonpaint hazards that are under [their] **his or her** control, such as**, but not limited to,** lead solder in plumbing.

8:51-7.2 Construction permit required for abatement of lead hazards

(a) The person(s) performing the abatement of lead hazards shall:

1. [obtain] **Obtain** a construction permit for this work in accordance with N.J.A.C. 5:23**, Uniform Construction Code; and**

2. File a 10 day notice with the Department of Community Affairs in accordance with N.J.A.C. 5:17, Lead Hazard Abatement and Evaluation Code.

8:51-7.3 Procedures and work practices for abatement **and interim controls**

(a) All abatement work to remove lead hazards shall conform to the procedures and work practices specified in N.J.A.C. 5:17.

(b) All interim controls for exterior lead hazards identified shall conform to the procedures and work practices specified in N.J.A.C. 8:51-6.2(c).

8:51–7.4 Protection of dwelling occupants during abatement **and interim controls work**

(a) During the period of time when abatement work is being performed, **the owner shall make** provisions [shall be made] for the relocation or protection of all occupants of the dwelling, and their possessions, in accordance with N.J.A.C. 5:17

(b) During the period of time when interim controls work is being performed, the occupants shall remain outside the work area.

1. Occupants will not be required to relocate if all the following conditions are met:

i. The work is completed and cleared within five calendar days according to the scope of the work as set forth at N.J.A.C. 8:51-7.1(a)3;

ii. The work area is contained;

iii. At the end of each work day, the area within ten feet of the containment area is cleaned to remove any visible dust or debris; and

iv. Occupants have safe access to sleeping areas, bathrooms and kitchen facilities.

8:51-7.5 Violations of work practice standards

(a) The local board of health shall monitor all abatement and/or interim controls work that it has ordered.

[(b) The local board of health shall forward copies of the notices and orders referenced in (a) above to the local construction official issuing the permit and to the New Jersey Department of Community Affairs. The copy shall include the Contractor Certification Number.]

(b) The local board of health shall ensure that:

i. The person performing abatement obtained a permit and sent a 10 day notice to the Department of Community Affairs pursuant to N.J.A.C. 8:51-7.2;

ii. Occupancy is appropriate for the work level; and

iii. The person performing abatement obtained a clearance certificate.

[(a)] **(c)** If, in the process of monitoring a lead abatement, violations of the work practice standards set forth in N.J.A.C. 5:17 are noted, the local board of health shall issue notices of violation and orders to correct.

1. The local board of health [may] **shall** issue a stop work order where the practices being employed constitute an immediate health threat.

2. The local board of health shall report violations of the work practice standards to the local construction official that issued the permit and to the Bureau of Code Services, Division of Codes and Standards in the New Jersey Department of Community Affairs.

(d) The local board of health shall ensure that all interim controls work complies with the Department's standard for interim controls set forth in N.J.A.C. 8:51-6.2(c).

(e) If, in the process of monitoring lead interim controls, violations of the standard for interim controls are noted, the local board of health shall issue Notices of Violation and orders to correct.

1. The local board of health shall issue a stop work order where the interim controls practices being employed constitute an immediate health threat or have the property owner relocate occupants until violations to the interim controls standard are corrected.

2. The local board of health shall forward copies of notices and orders referenced in (e) above to the Department of Health and Senior Services, Child and Adolescent Health Program, PO Box 364, Trenton, New Jersey 08625.

SUBCHAPTER 8. REINSPECTION AND APPROVAL OF COMPLETION OF ABATEMENT **AND/OR INTERIM CONTROLS** OF LEAD HAZARDS

8:51-8.1 Reinspection

(a) Upon completion of abatement **and/or interim controls** work and prior to refinishing, the local board of health shall make a reinspection to determine if the hazard has been satisfactorily eliminated.

1. The local board of health shall conduct an onsite inspection of the completed abatement and/or interim controls work to ensure that all lead hazards identified on the Notice of Violation have been treated.

2. The local board of health shall issue a written acceptance of the work for the purposes of authorizing the local construction official to close the permit in accordance with N.J.A.C. 5:23.

(b) The person performing the abatement and/or interim controls work shall

refinish or seal [All] **all** surfaces where lead paint has been removed or repaired [shall be refinished or sealed] with a non-leaded coating material.

8:51-8.2 Clearance testing

[(a) Clearance testing shall be conducted in accordance with N.J.A.C. 5:17 and 5:23.]

(a) The owner shall obtain independent clearance testing, within 30 days from the final cleaning, through the services of a lead inspector/risk assessor certified by the Department, to determine compliance with clearance criteria.

1. The certified lead inspector/risk assessor shall be prohibited from being paid, employed, or otherwise compensated by the contractor that performed the abatement and/or interim controls.

(b) Abatement **and interim controls** work shall not be considered complete until clearance tests meet the standards set **forth** in N.J.A.C. 5:17.

[(c) A clearance certificate shall be required, pursuant to N.J.A.C. 5:23.]

(c) Upon completion of abatement, the owner of the abated property shall obtain a clearance certificate pursuant to N.J.A.C. 5:23-2.

(d) Upon completion of exterior interim controls work, the owner shall obtain a lead hazard-free certificate for exterior surfaces only from a lead evaluation contractor who is certified in accordance with N.J.A.C. 5:17.

SUBCHAPTER 9. ENFORCEMENT

8:51–9.1 Penalties

(a) Any person who violates any provision of this chapter or who refuses to comply with an order or a directive of the Department or local board of health,

shall be liable for penalties set forth at N.J.S.A. 26:1A-10, through injunctive action, and/or as otherwise provided by law.

1. The Department shall issue a written notification to a local board of health of and/or a local health officer that fails to comply with this chapter or refuses to comply with an order or a directive of the Department prior to initiating any other enforcement action.

2. The Department may also report a health officer's failure to comply with the provisions of this chapter or with an order or a directive of the Department to the Department's Public Health Licensing and Examination Board, which may initiate disciplinary actions as set forth at N.J.A.C. 8:7-1.7 and N.J.S.A. 26:1A-43.

(b) When the local board of health has to implement an abatement and/or interim controls notice or order because of the property owner's refusal to comply, the board shall recover the expenses associated with removing the lead hazard and making the necessary repairs from the owner as set forth at N.J.S.A. 24:14A-9.

SUBCHAPTER 10: CHILDHOOD LEAD POISONING INFORMATION DATABASE

8:51-10.1 Childhood Lead Poisoning Information Database

(a) The Department shall implement and operate a web-based childhood lead poisoning information database (the database) applicable to childhood lead poisoning referrals and cases initiated pursuant to this chapter.

(b) The Department's purpose of the database is to:

1. Make referrals to local boards of health;

2. Maintain a central location for local board of health case managers, public health nurses, and environmental inspectors to document and track their case management activities and environmental intervention activities;

3. Collect, maintain, and track Statewide childhood lead poisoning data, case management activities, and environmental intervention activities;

4. Conduct surveillance activities based on the reported data;

5. Report non-identifying data to the following federal agencies: Centers for Disease Control (CDC), Housing and Urban Development (HUD), and Environmental Protection Agency (EPA);

6. Utilize the collected data, in a non-identifying manner, to publish an annual report, apply for funding for the Department's lead program, or satisfy requirements of a funding source of the lead program; and

7. Share data with other Federal and State agencies according to the terms and conditions of the data sharing Memorandum of Agreement (MOA) between the Department and those agencies.

(c) The users of the database, which consist of local board of health case managers, public health nurses, environmental inspectors, and supervisors that are responsible for overseeing and/or handling childhood lead poisoning referrals and cases, shall enter into the database all information collected pursuant to N.J.A.C. 8:51-3.2(a) within the timeframes specified in the Protocol for Data Entry in the Childhood Lead Poisoning Information Database and Communication, available at Appendix D.

(d) The Department shall notify each local board of health about the upcoming training sessions for users of the database through electronic mail, with follow-up communication by telephone and/or electronic mail.

(e) Each user shall:

1. Attend a database training session;

2. Notify the Department of the jurisdiction that he or she is responsible for prior to attending the training; and

3. Have his or her supervisor or a designee provide a description of his or her job duties to the Department prior to attending the training.

i. The user's supervisor shall be responsible for notifying the Department when there is a change in the user's role and/or employment status within no more than five business days from the effective date of the change.

(f) The database training will consist of a formal class-room style instruction session, during which the Department staff shall:

1. Provide comprehensive and interactive training on the database; and

2. Provide real-time and hands-on access to the database using a computer connected to the internet.

(g) The Department shall grant access to the database through a username and password to each user.

(h) The Department shall:

1. Restrict access to the database for each user to his or her jurisdiction;

2. Define each user's role within the database according to the user's job functions; and

3. Restrict the user's access to various functions within the database according to his or her user role.

(i) Each user shall utilize the database to:

1. Check for new messages and/or notifications on each business day;

2. Review case records listed under notifications on elevated blood lead levels reported to the Department;

3. Document case management and environmental intervention activities as set forth at N.J.A.C. 8:51-3.2(a) in corresponding sections of the database, including assigning or reassigning cases to case managers;

4. Submit timely, accurate and complete information;

5. Communicate with other users about referrals or cases; and

6. Communicate with the Department, including making reports of duplicate data and system related issues.

(j) In addition to the functions set forth in (i) above, as applicable, users in supervisory positions or their designees shall complete the following additional functions:

1. Perform a quarterly quality assurance audit of the case management data and environmental intervention data entered in the database for 10 percent of the cases that are under active case management (minimum of five and no more than 20 cases), using the Quality Assurance and Improvement Form, available at Appendix J;

2. Maintain all documentation of the quarterly quality assurance audit set forth at (j)1 above; and

3. Upon request by Department staff, submit all documentation of the quarterly quality assurance audit set forth in (j)2 above to the Department.

(k) Each existing database user shall review and sign the User Confidentiality Agreement, available at Appendix E, within 30 days of the effective date of this section.

(l) Each new database user shall review and sign the User Confidentiality Agreement on the day of the training that he or she attends.

(m) Each user shall adhere to the confidentiality requirements established at N.J.S.A. 26:2-137.6, N.J.A.C. 8:51-3.3 and in the terms of the User Confidentiality Agreement.

(n) The Department may revoke a user's access to the database if the user:

1. Fails to maintain confidentiality of the information submitted to and contained in the database as set forth at (m) above; or

2. Uses the database inappropriately and contrary to the purposes for which it was established as set forth under subsections (b), (i), and (j) above.

APPENDIX A

New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

HAZARD ASSESSMENT QUESTIONNAIRE
FOR INVESTIGATION OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

Name(s) of Individual(s) Administering Questionnaire *(Print)*	Title(s)
Signature(s)	Date of Completion

The results of this questionnaire will be used for two purposes:

- To determine where environmental samples should be collected.
- To develop corrective measures related to use patterns and living characteristics (e.g., flushing the water line if water lead levels are high, increase cleanliness of dwelling).

The administrator(s) of this questionnaire should always recommend temporary measures to immediately reduce the child's exposure to lead hazards.

GENERAL INFORMATION		
Dwelling Address	Apt. #	Floor #

Where do you think the child is exposed to the lead hazard? *[Specify location(s)]*:

Do you rent or own your home?

☐ Rent ☐ Own

If rent, does the family receive any rent subsidies?

☐ Yes ☐ No

If Yes, what type

☐ Public Housing Authority – Name of housing authority: _____
☐ Section 8
☐ Federal rent subsidy
☐ Other: _____

Landlord Information (or Rent Collector Agent)
(Include all means of contacting the property owner, including fax number, email address, cell phone/beeper number)

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Cell Phone/Beeper Number: _____

Email Address: _____

In what country was the child born?

☐ USA
☐ US Territory (Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, etc.)
☐ Other: _____
☐ Don't know
☐ Decline to answer

HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)

Complete the following for all addresses where the child currently lives and has lived during the past three (3) months.

Dates of Residency *(MM/YYYY to MM/YYYY)*	Street Address, City, State	Year Dwelling Built	Single Family or Multi Unit	General Condition of Dwelling	Any Remodeling or Renovation? *(Yes or No)*	Any Deteriorated Paint? *(Yes or No)*

Complete the following for all addresses where the child currently or has been cared for, away from home, during the past three (3) months.

Dates of Care *(MM/YYYY to MM/YYYY)*	Type of Care*	Name of Contact, Street Address, City, State, Telephone Number	Number of Hours Per Week	General Condition of Structure	Any Remodeling or Renovation? *(Yes or No)*	Any Deteriorated Paint? *(Yes or No)*

**Type of care includes: preschool, child care center, child care home, care provided by a relative or friend.*

Complete the following for all times the child spent outside of the US. This includes any traveling, visiting family or friends, or living in another country. Start with the most recent.

#	Country	When did child stay there (start with most recent)? (Month/Year)	How long did child stay?		Comments
			Weeks	Months	
1					
2					
3					

Lead-Based Paint and Lead-Contaminated Dust Hazards

Approximately what year was this dwelling built?

To your knowledge, has this dwelling ever been tested for lead-based paint or lead-contaminated dust?

☐ Yes ☐ No

If Yes, when and from whom can this information be obtained? _____

_____

To your knowledge, has there been any recent repainting, remodeling, renovation, window replacement, sanding, or scraping of painted surfaces inside or outside this dwelling unit?

☐ Yes ☐ No

If Yes, when and from whom can this information be obtained? _____

_____

HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)

Lead-Based Paint and Lead-Contaminated Dust Hazards, Continued

Where does the child like to play, hide, or frequent?

Areas * Where Child Likes to Play, Hide or Frequent	Paint Condition ** (Intact, Fair, Poor, or Not Present)	Location of Painted Component with Visible Bite Marks

* Include rooms, closets, porches, outbuildings.

** Paint condition: Note location and extent of any visible chips and/or dust in window wells, on window sills, or on the floor directly beneath windows. Do you see peeling, chipping, chalking, flaking, or deteriorated paint? If yes, note locations and extent of deterioration.

Water Lead Hazards

What is the primary source of drinking water for the child?

☐ Municipal ☐ Private Well ☐ Bottled ☐ Other

If Other, specify: _____

If tap water (source is municipal/private well) is used for drinking, please answer the following:

a. From which faucets do you obtain drinking water (locations): _____

_____

b. Do you use the water immediately from the faucet? ☐ Yes ☐ No

c. Is water used to prepare infant formula, powdered milk, or juices for the child? ☐ Yes ☐ No

If Yes, do you use hot or cold water? ☐ Hot ☐ Cold

If No, from what source do you obtain water for the child? _____

d. To your knowledge, has new plumbing been installed within the last 5 years? ☐ Yes ☐ No

If Yes, identify location(s): _____

e. Was any of this work installed by yourself or another resident of the home? ☐ Yes ☐ No

If Yes, specify: _____

f. To your knowledge, has the water ever been tested for lead? ☐ Yes ☐ No

If Yes, where can test results be obtained? _____

Lead in Soil Hazards

Where outside does the child like to play, hide or frequent?

_____

a. Is there bare soil where the child likes to play, hide or frequent? ☐ Yes ☐ No

b. Is this dwelling located near a lead-producing industry (e.g., battery plant, smelter, radiator repair shop, or electronics/soldering industry)? ☐ Yes ☐ No

If Yes, specify: _____

HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)

Lead in Soil Hazards, Continued

c. Is the dwelling located within two blocks of a major roadway, freeway, elevated highway, or other transportation structures? ☐ Yes ☐ No

If Yes, specify: _____

d. Are nearby buildings or structures being renovated, repainted or demolished? ☐ Yes ☐ No

If Yes, location: _____

e. Is there deteriorated paint on porches, fences, garages, play structures, railings, building siding, windows, trims, or mailboxes? ☐ Yes ☐ No

If Yes, location(s): _____

f. Was gasoline or other solvents ever used to clean parts or disposed of at the property? ☐ Yes ☐ No

g. Are there visible paint chips near the perimeter of the house, fences, garages, or play structures? ☐ Yes ☐ No

If Yes, location(s): _____

h. Has the soil ever been tested for lead? ☐ Yes ☐ No

If Yes, from whom can this information be obtained? _____

i. Have you burned painted wood in a woodstove or fireplace? ☐ Yes ☐ No

If Yes, have you emptied ashes onto soil? ☐ Yes ☐ No

If Yes, location: _____

Occupational/Hobby Lead Hazards

Occupations and hobbies that may cause lead exposure include the following:

- Paint removal (including sandblasting, scraping, abrasive blasting, sanding, or using a heat gun or torch)
- Working in a chemical plant, a glass factory, an oil refinery, or any other work involving lead
- Remodeling, repairing, or renovating dwellings or buildings, or tearing down buildings or metal structures (demolition)
- Creating explosives or ammunition
- Plumbing
- Repairing radiators
- Making batteries
- Chemical strippers
- Melting metal for reuse (smelting)
- Welding, burning, cutting, or torch work
- Making paint or pigments
- Auto body repair work
- Pouring molten metal (foundries)
- Salvaging metal or batteries
- Working at a firing range
- Making or repairing jewelry
- Making or splicing cable or wire
- Building, repairing, or painting ships
- Painting
- Making pottery

Where do adult family members work (include mother, father, older siblings, other adult household members)?

Name	Place of Employment	Occupation or Job Title

HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)

Occupational/Hobby Lead Hazards, Continued

				Comments
1.	Are work clothes washed with other laundry?	☐ Yes	☐ No	
2.	Has anyone in the household removed paint or varnish while in the dwelling? (paint removal from woodwork, furniture, cars, bicycles, boats)	☐ Yes	☐ No	
3	Has anyone in the household soldered electric parts while at home?	☐ Yes	☐ No	
4.	Does anyone in the household apply glaze to ceramic or pottery objects?	☐ Yes	☐ No	
5	Does anyone in the household work with stained glass?	☐ Yes	☐ No	
6.	Does anyone in the household use artist paints to paint pictures or jewelry?	☐ Yes	☐ No	
7.	Does anyone in the household reload bullets, target shoot, or hunt?	☐ Yes	☐ No	
8.	Does anyone in the household melt lead to make bullets or fishing sinkers?	☐ Yes	☐ No	
9.	Does anyone in the household work in auto body repair at home or in the yard?	☐ Yes	☐ No	
10.	Is there evidence of take-home work exposures or hobby exposures in the dwelling?	☐ Yes	☐ No	

Child Behavior Risk Factors

				Comments
1.	Does child suck his/her fingers?	☐ Yes	☐ No	
2.	Does child put painted objects into his/her mouth? (If Yes, specify under Comments)	☐ Yes	☐ No	
3.	Does child chew on painted surfaces, such as old painted cribs, window sills, furniture edges, railings, door molding, or broom handles? (If Yes, specify under Comments)	☐ Yes	☐ No	
4.	Does child chew on putty around windows?	☐ Yes	☐ No	
5.	Does child put soft metal objects in his/her mouth (lead and pewter toys and toy soldiers, jewelry, gunshot, bullets, beads, fishing sinkers, or any items containing solder)?	☐ Yes	☐ No	
6.	Does child chew or eat paint chips or pick at painted surfaces?	☐ Yes	☐ No	
7.	Is the paint deteriorated in the child's play areas?	☐ Yes	☐ No	
8.	Does the child put foreign-printed material (newspapers, magazines) in his/her mouth?	☐ Yes	☐ No	
9.	Does the child put matches in his/her mouth?	☐ Yes	☐ No	
10.	Does the child play with cosmetics, hair preparations, or talcum powder or put them into his/her mouth?	☐ Yes	☐ No	
	a. If yes, are any of these foreign made?	☐ Yes	☐ No	
11.	Does the child have a favorite cup? (If Yes, specify under Comments)	☐ Yes	☐ No	

HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)

Child Behavior Risk Factors, Continued

12. Does the child have a favorite eating utensil? (If Yes, specify under Comments) ☐ Yes ☐ No _____

13. Does the family have a dog, cat, or other pet that could track in contaminated soil or dust from the outside? ☐ Yes ☐ No _____

    a. If yes, where does the pet sleep? _____

14. Does the child take baths in an old bathtub with deteriorated or nonexistent glazing? ☐ Yes ☐ No _____

Other Household Risk Factors

Complete the table below for the following imported products used by, used on or given to the child during the past 12 months.

Sources can include products:

- sent/given to you by friends and/or family
- bought in local stores
- brought back from trips you may have taken
- prescribed by alternative medicine practitioner

Product Type	Used		Product Name	Country of Origin	Comments *(include form of the product such as powder, pill, used as a tea)*
	Yes	No			
Cosmetics (including kohl, surma, ceruse)					
Home remedies/folk medicines (including teething, colic, fever, stomachaches or diarrhea)					
Alternative medicine or herbal treatments					
Ayurvedic medicines (based on traditional Asian Indian medical system)					
Vitamins					
Liquids prepared, served and/or stored in metal, pewter, glazed, soldered, or crystal containers					
Foods prepared, served, and/or stored in metal, pewter, glazed, soldered, or crystal containers					
Deodorant (i.e., litargirio)					
Spices					
Snacks or candies (including candy spiced with chili, tamarind, sold in clay pots)					

HAZARD ASSESSMENT QUESTIONNAIRE
(Continued)

Other Household Risk Factors, Continued

Does the child play in, live in, or have access to any areas where the following materials are kept?

Item	Yes	No		Yes	No		Yes	No
Shellacs			Epoxy Resins			Gasoline		
Lacquers			Putty			Paints		
Driers			Industrial Crayons or Markers			Old Batteries		
Coloring Pigments			Fishing Sinkers			Battery Casings		
Pipe Sealants			Solder			Lead Pellets		
Drapery Weights			Fungicides			Pesticides		
Detergents			Gear Oil			Gasoline		

Does the child eat, chew on, or put other non-food items into his/her mouth (i.e., toys, mini-blinds, crayons, candy wrappers, jewelry)?

#	Item Name/Description	Country of Manufacturer	How Often?
1			_____ times per _____
2			_____ times per _____
3			_____ times per _____
4			_____ times per _____

Assessment of Hazard Control Measures

What cleaning equipment does the family have in the dwelling?

☐ Broom ☐ Mop and Bucket ☐ Vacuum (Does it work? ☐ Yes ☐ No) ☐ Sponges and Rags

Room	Type of Floor Covering [vinyl/linoleum, carpeting, wood, other (specify)]	Smooth and Cleanable (Yes or No)	Type of Cleaning (sweep, wet mop, vacuum)	Frequency of Cleaning (daily, weekly, monthly)	General Cleanliness *
Entry/foyer					
Living Room					
Dining Room					
Kitchen					
Child's Bedroom					
Bathroom					

* General cleanliness of the dwelling interior:

1 = appears clean 2 = some evidence of housecleaning 3 = no evidence of housecleaning

How frequently are window sills cleaned?	How frequently are window troughs cleaned?

APPENDIX B

New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

ENVIRONMENTAL INTERVENTION REPORT

Date Investigation Started			Year of Construction
Street Address	Floor #	Apt. #	Number of Children in Residence
City	Zip Code		Number of Children in Residence 0-2 Years Old
Name of Owner			Telephone Number of Owner
Address of Owner			

XRF Serial Number

Name of Laboratory *(when samples are sent to a reference laboratory)*	Laboratory License Number*(when samples are sent to a reference laboratory)*

- Checklist of Required Documents to be attached to this report:

☐ Laboratory Report Sheets ☐ Diagrams of the Dwelling ☐ XRF Printouts

Local Health Department Name	
Name of Inspector	DHSS License Number
Signature of Inspector	Date Investigation Completed

ENVIRONMENTAL INTERVENTION REPORT (Continued)

XRF TESTING

Street Address	Floor #	Apt. #	Inspector's Initials
City		Zip Code	

Room Name	Room Number	Wall (A, B, C, D)	Component	Location (L, C, R) or Component Number **	Sub Component	Substrate	Paint Condition (Good, Fair, Poor)	XRF Reading * (mg/cm^2)	Violation? (x)	Treatment Method (Abatement or Interim Controls)

*** XRF Printouts must be attached ** Location = Left, Center or Right**

Component number is for multiple components on the same wall. It consists of the wall designation (A, B, C, D) plus the component's number from left to right (A1, A2, etc.).

ENVIRONMENTAL INTERVENTION REPORT (Continued)

DUST WIPES TESTING

Street Address	Floor #	Apt. #	Inspector's Initials
City		Zip Code	

Room Name/ Number	Component	Location (L, C, R) or Component Number **	Sub Component	Substrate	Paint Condition (Good, Fair, Poor)	Violation? (x)	Treatment Method (Abatement or Interim Controls)
/							
/							
/							
/							
/							
/							
/							
/							
/							
/							

*** Laboratory reports must be attached ** Location = Left, Center or Right**

Component number is for multiple components on the same wall. It consists of the wall designation (A, B, C, D) plus the component's number from left to right (A12, A2, etc.).

ENVIRONMENTAL INTERVENTION REPORT
(Continued)

MISCELLANEOUS TESTING *

Street Address	Floor #	Apt. #	Inspector's Initials
City		Zip Code	

Soil / Water / Other	Sample Location / Type	Instrument Test Results	Reference Laboratory Test Results *	Violation? (x)	Treatment Method (Abatement or Interim Controls)

*** Laboratory reports must be attached.**

ENVIRONMENTAL INTERVENTION REPORT
(Continued)

PAINT CHIP TESTING *
(IF APPLICABLE)

Street Address	Floor #	Apt. #	Inspector's Initials
City		Zip Code	

Room Name/ Number	Wall (A, B, C, D)	Component	Location (L, C, R) or Component Number **	Sub Component	Substrate	Paint Condition (Good, Fair, Poor)	Violation? (x)	Treatment Method (Abatement or Interim Controls)
/								
/								
/								
/								
/								
/								
/								
/								

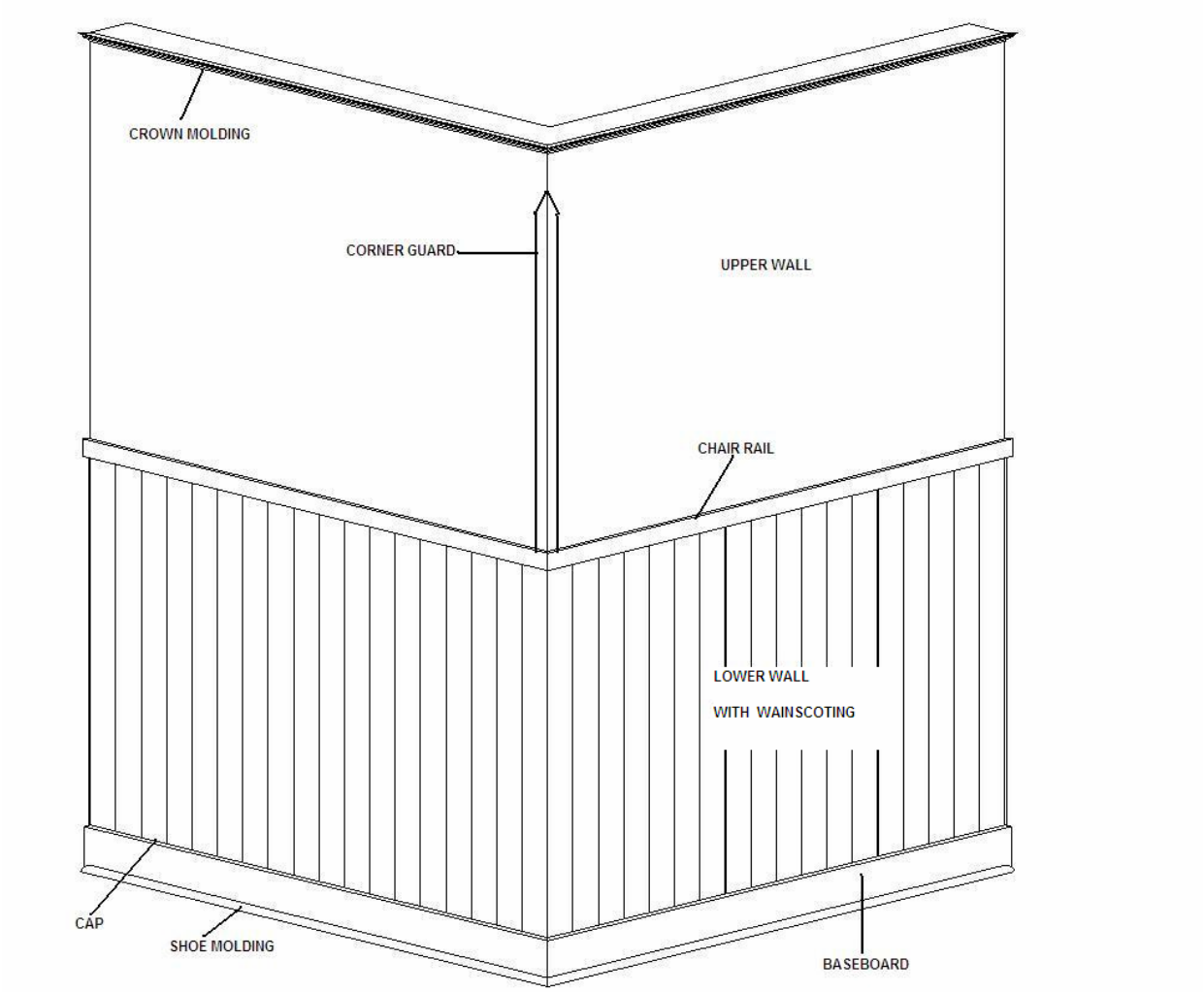
* Laboratory reports must be attached ** Location = Left, Center or Right

Component number is for multiple components on the same wall. It consists of the wall designation (A, B, C, D) plus the component's number from left to right (A1, A2, etc.)

APPENDIX C

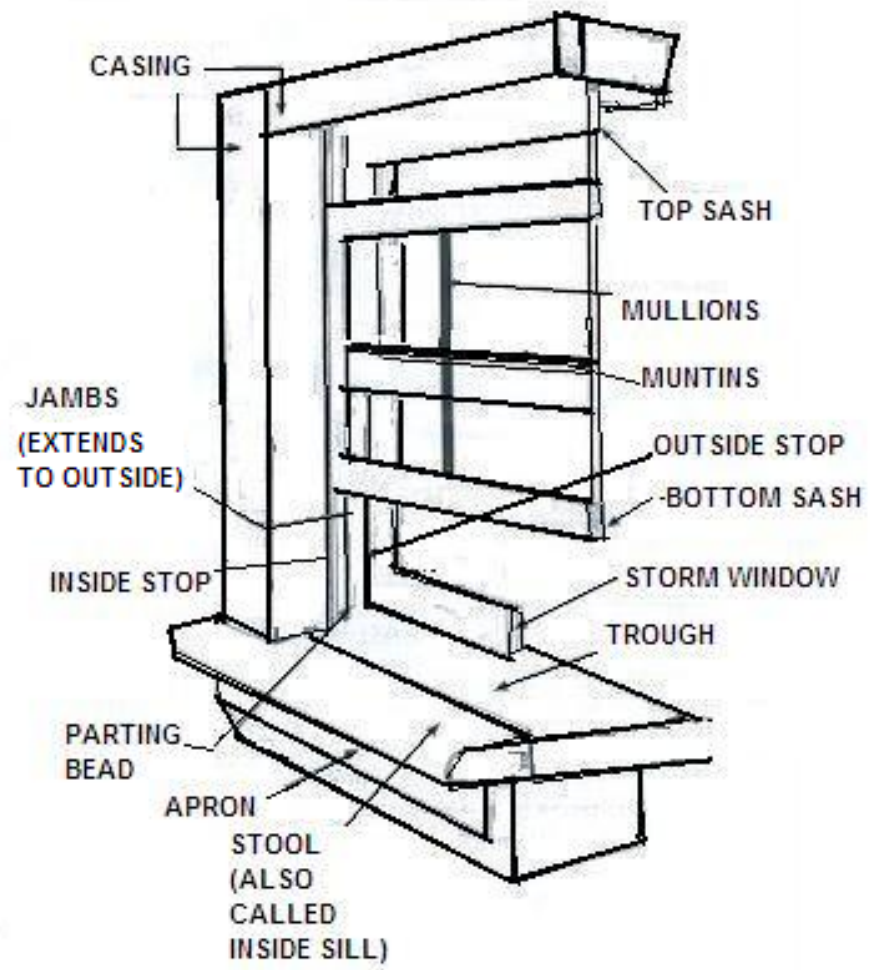
New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

STANDARD HOUSING COMPONENT TERMINOLOGY



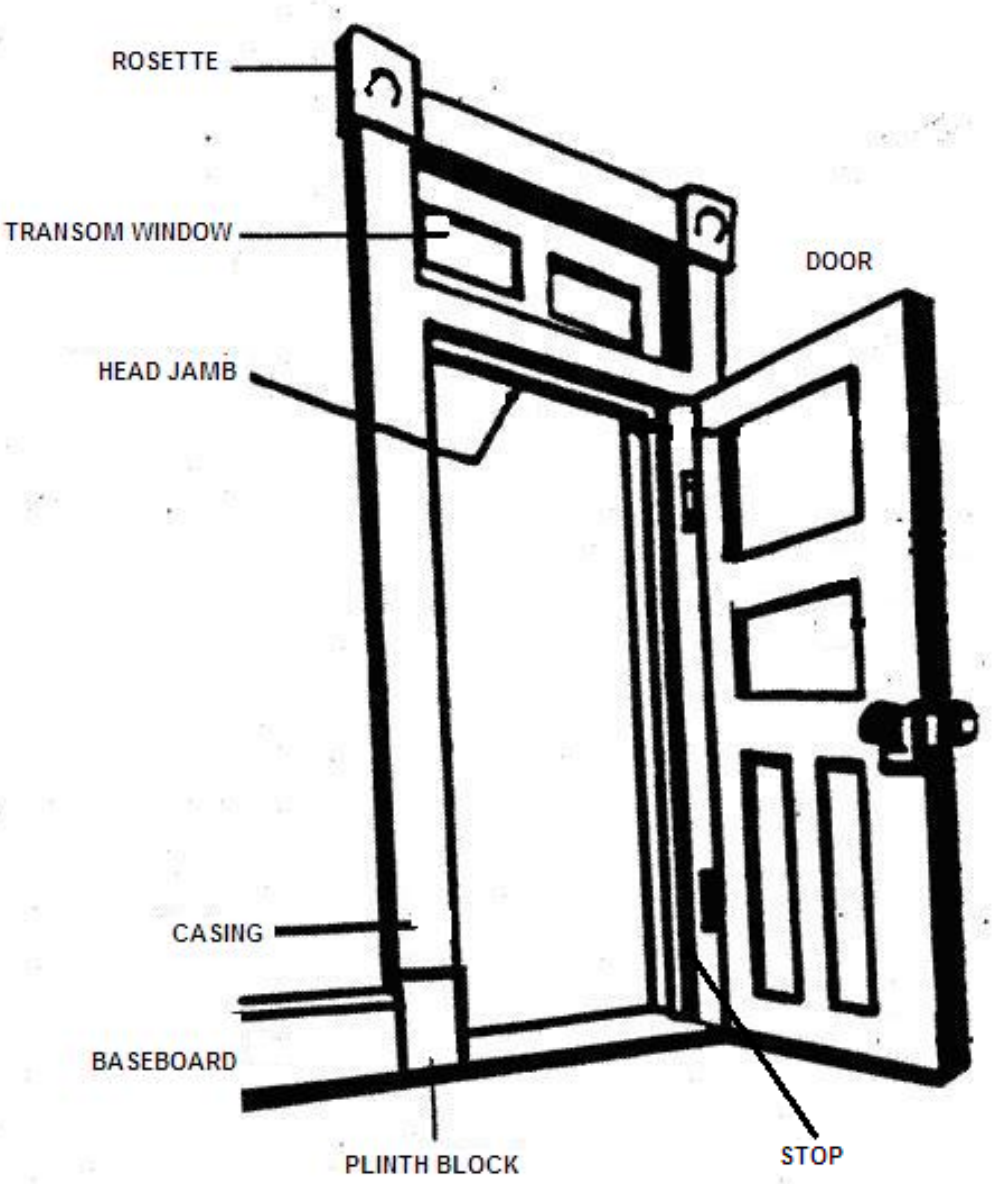
WALL COMPONENTS

STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



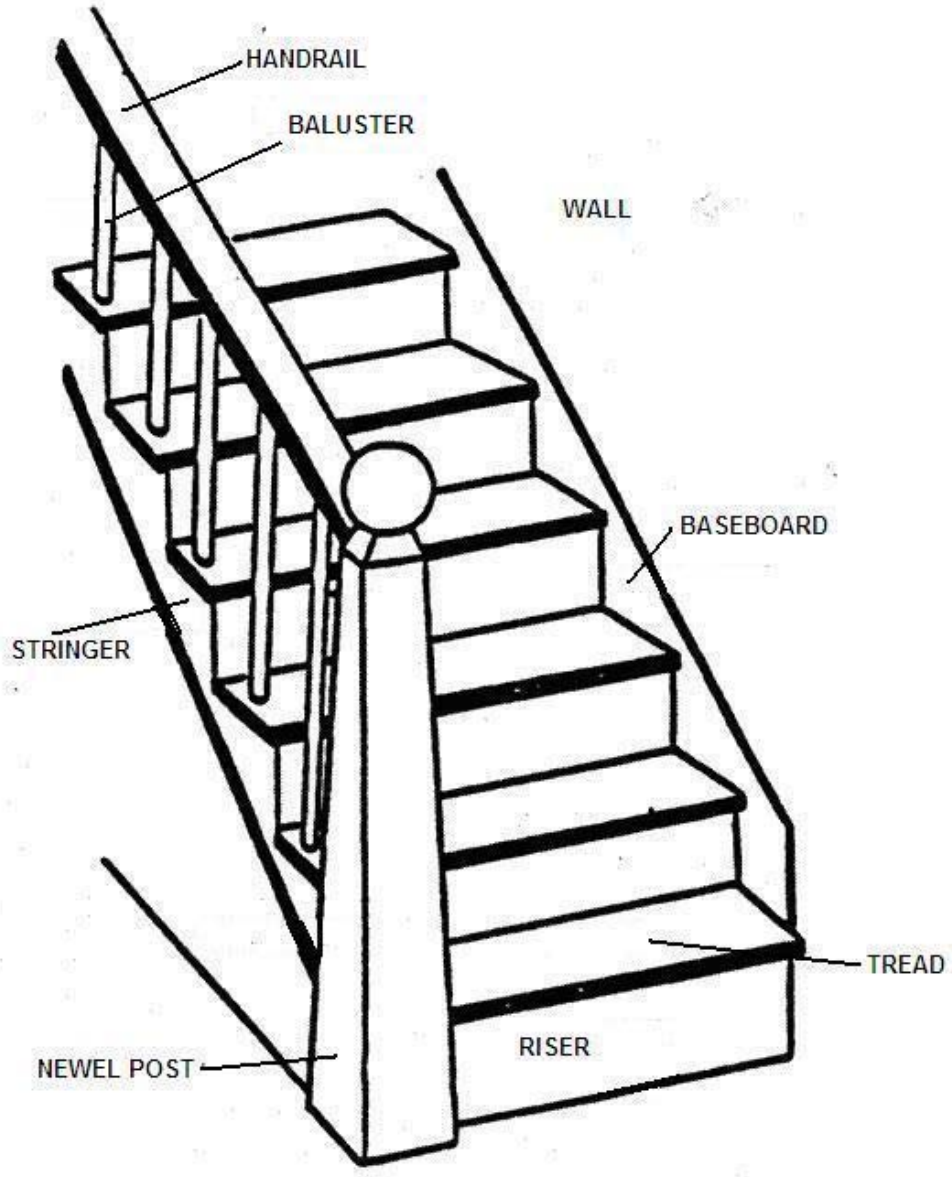
WINDOW COMPONENTS

STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)

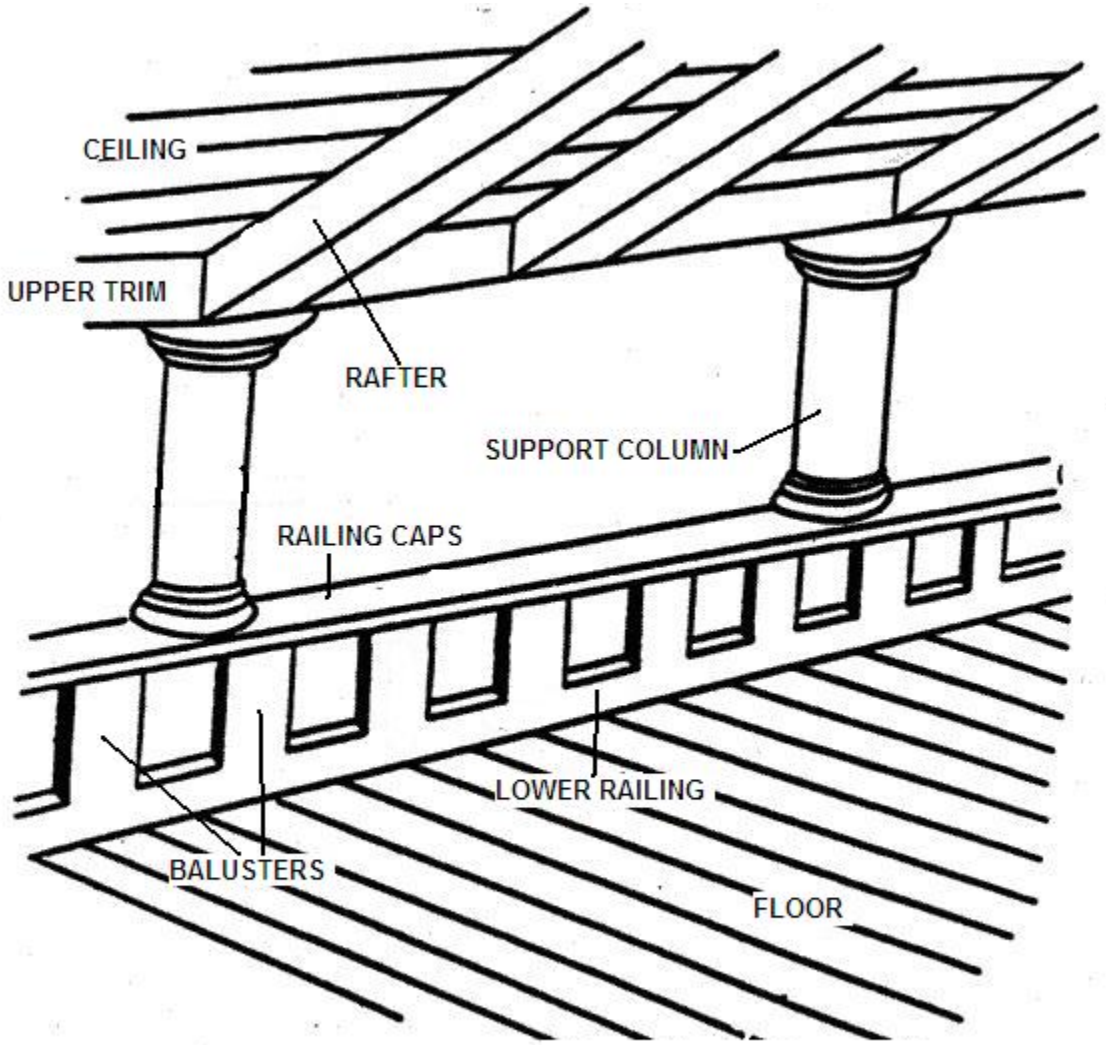


DOOR COMPONENTS

STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



STAIRWAY COMPONENTS



PORCH COMPONENTS

APPENDIX D

New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

PROTOCOL FOR DATA ENTRY IN THE CHILDHOOD LEAD POISONING INFORMATION DATABASE AND COMMUNICATION

- **Title**: Documentation of case management and environmental activity data in the Childhood Lead Poisoning Information Database and communication with the New Jersey Department of Health and Senior Services (NJDHSS).

- **Purpose:** To establish the protocols and standard operating procedures for the users of the Childhood Lead Poisoning Information Database for:
  A. Documenting data; and
  B. Communicating with NJDHSS about duplicate records.

- **Scope:** N.J.A.C. 8:51 Appendix D is applicable to all case managers, public health nurses, environmental inspectors, supervisors, and data entry personnel at the local health departments who access the Childhood Lead Poisoning Information Database.

o Protocol A: Documentation of data

1. Case management activity data and environmental activity data must be documented in the appropriate fields accurately and completely, within three working days from the time of data collection and/or activity.

2. Data entry may be performed either by the case managers/lead inspectors or by designated, trained data entry personnel.

3. Notes should only be used for the documentation of items pertaining to situations other than those that can be captured in the EVENTS, ASSESSMENTS, REFERRALS, SAMPLES, or ATTACHMENTS sections.

4. For every new item pertaining to any of the sections (for example, note, event, assessment, attachment, referral, samples) a new entry should be added (by clicking "***add new***") rather than appending the new entry to an existing entry.

o Protocol B: Communicating with NJDHSS about duplicate records

When duplicate addresses and/or cases are observed, please send a message to your NJDHSS contact person as described below:

1. The message for alerting NJDHSS about duplicate patients must contain the following information:

   i. Patient identification number;
   ii. Which patient identification number is to be kept;
   iii. Patient Names (if different spellings, mention all);
   iv. Patient Date of Birth (DOB) (if different, mention all); and
   v. Correct name and DOB.

2. The message for alerting NJDHSS about duplicate or incorrect addresses must contain the following information:

   i. All street addresses displayed;
   ii. Correct street address (if applicable);
   iii. ZIP code(s);
   iv. Correct ZIP code (if applicable); and
   v. Patient name and DOB.

New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

User Confidentiality Statement for Access to the New Jersey Childhood Lead Poisoning Information Database

The Childhood Lead Poisoning Information Database (the database) is a web-based tracking system that, applicable to childhood lead poisoning referrals and cases initiated pursuant to N.J.A.C. 8:51. N.J.S.A. 26:2-137.6 and Executive Order No. 100 (Governor Corzine; April 29, 2008), authorizes the Department of Health and Senior Services to operate the database and allows users to exchange information electronically. The information in the database is confidential personal health information and demographic information. The purposes of the database are to make referrals to local boards of health; maintain a central location for local board of health case managers and environmental inspectors to document and track their case management activities; collect, maintain, and track Statewide data about childhood lead poisoning and case management activities; conduct surveillance activities based on the reported data; report non-identifying data to the following federal agencies: Centers for Disease Control and Prevention (CDC), Housing and Urban Development (HUD), and Environmental Protection Agency (EPA); utilize the collected data, in a non-identifying manner, to publish an annual report, apply for funding for the Department's lead program, or satisfy requirements of a funding source of the lead program; and share data with other State agencies according to the terms and conditions of the data sharing Memorandum of Agreement (MOA) between the Department and those agencies. The Department shall limit access to the following users based on their job functions and user roles: local board of health case managers, environmental inspectors, supervisors that are responsible for overseeing and/or handling childhood lead poisoning referrals and cases, and assigned support staff.

New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

USER CONFIDENTIALITY AGREEMENT

I have read and understood the User Confidentiality Statement and the obligations and responsibilities listed below. I agree that:

1. I shall keep strictly confidential all information, in any format, that I receive or have access to as a user of the database.

2. I understand I am authorized access to the database restricted to my user role and jurisdiction and agree to keep my password secure and will not permit use of my access privileges or password by any other person or entity.

3. I will only access the database to access or submit information and to generate documentation in the official course of my duties and responsibilities limited to my jurisdiction and user role.

4. I will not divulge, disclose, use, transfer, copy, remove, or otherwise furnish personally identifiable information or documentation obtained from the database to any individual or organization for any use not authorized by the Department of Health and Senior Services or to any person or entity not directly involved with the conduct of my official duties as they relate to childhood lead poisoning referrals or cases, except as permitted or authorized by the State administrative code or State or federal law.

5. I will not copy all or part of the data in the database.

6. I understand that the Department may audit any record, electronic or written, that is part of the database or pertains to the health information entered into the database by a user.

7. I agree to immediately report to my direct supervisor and the Department any breach of confidentiality.

8. I understand that any violation of the above provisions may result in suspension or termination of user privileges, disciplinary action, and the imposition of any and all penalties as prescribed by applicable State and Federal laws.

I have read and understood the User Confidentiality Statement for Access to the New Jersey Childhood Lead Poisoning Information Database. I agree to abide by the Confidentiality Agreement. I understand the consequences to me if I disclose confidential information without necessary authorization.

Name of User (Print)	
Signature of User	Date

Distribution: Original - Child and Adolescent Health Program
Copy - User

APPENDIX F

New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

NOTICE OF VIOLATION
INSTRUCTIONS FOR THE LOCAL BOARDS OF HEALTH

1. At a minimum, the notice of violation given to the property owner or the family of the lead burdened child/ren shall contain all the information provided in Appendix F.

2. No child specific information shall be mentioned on the notice of violation or on any other correspondence with the property owner.

TEMPLATE FOR NOTICE OF VIOLATION

Date

Name of Owner of Record
Address of Owner of Record

Subject: *(Fill in full address of subject property including apartment number if any.)*

Dear Owner:

In accordance with N.J.A.C. 8:51, an environmental intervention was conducted on _____ *(date of onsite testing)* at the above referenced property by _____ *(name of inspector)*. Testing of building components, household dust and/or bare soil was performed to determine if lead-based paint, lead dust or lead soil hazards exist.

We have found hazardous levels of lead at the location(s) identified in the attached report.

You are hereby required to remediate all lead hazards identified in the attached report within _____ days of the date of this notice. Failure to remediate all lead hazards within that timeframe will result in the initiation of legal proceedings against you and the levying of fines as set forth at N.J.A.C. 8:51-9.1.

N.J.A.C. 8:51-6.2 does allow interim control measures to be used to remediate exterior lead hazards; however, all interior lead hazards shall be treated using abatement methods. Please review the attached report to determine if you can use interim controls on the exterior hazards found at your property. If interim controls on exterior hazards are permitted, you must use qualified contractors trained in lead-safe work practices to perform the work. The contractors must comply with the provisions of N.J.A.C. 8:51-6.2, a copy of which is attached.

All lead abatement work undertaken in response to this Notice of Violation shall be performed in accordance with N.J.A.C. 5:17 Lead Hazard Evaluation and Abatement Code including, but not limited to:

- hiring a properly certified lead abatement firm to perform the abatement work;
- filing a permit prior to commencement of lead abatement work with the Local Construction Official;
- filing a 10-day notice with the Department of Community Affairs (DCA) prior to commencement of work;
- relocation of occupants and their belongings during performance of abatement work;
- hiring of an independent lead evaluation firm to conduct final clearance testing at the completion of lead abatement work; and
- filing for a Certificate of Clearance with the Local Construction Official to close out the permit.

To locate a certified lead abatement firm or lead evaluation firm visit the DCA website at: http://www.state.nj.us/dca/codes/code_services/xls/clc.shtml.

If you cannot afford to perform the lead remediation, financial assistance may be available from the Lead Hazard Control Assistance (LHCA) Program. Contact the LHCA Program at: www.leadsafenj.org or by calling toll free 877-DCA-LEAD.

Upon completion of work, the lead evaluation firm you selected to perform Clearance must provide you with a maintenance plan which provides for routine inspection of leaded surfaces which were not treated under this Notice of Violation to insure the paint remains intact as well as leaded surfaces which were treated using limited paint removal, enclosure or encapsulation methods to insure those treatments have not failed. All housing conditions which could contribute to the deterioration of lead-based paint such as leaking roofs or plumbing must also be routinely evaluated and deficiencies must be corrected.

The Federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained in this notice, to purchasers and tenants at the time of sale or lease, or upon lease renewal. Specific exceptions to this disclosure requirement are listed at 24 CFR Part 35.82. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development, and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35, and 40 CFR Part 745, and can result in a fine of up to $11,000 per violation.

If you have any questions, please contact _____ *(contact name)* at _____ *(phone number)*.

APPENDIX G

Agency Letterhead to be entered here!

CHILDHOOD LEAD POISONING
HOME VISIT

Note: *This form is intended for use during nurse case manager home visits to document issues not captured through the Lead Hazard Assessment Questionnaire. The nurse case manager and environmental inspector should collaborate in administration of the latter form and in completing Plan of Action-Part I.*

Contact Information (To facilitate data entry, verify spellings against written documents.)		
Date of Visit	Child's Date of Birth	
Last (Family) Name of EBLL Child		
First Name	Middle Name	
Street Address	Apt. #	Floor #
Town/City	Zip Code	
Primary Phone ( )	Alternate Phone or Cell ( )	
Most likely times to reach someone at the primary phone		
Directions to Home		

Caregiver Information	
Person Interviewed	
Primary Language of the Household	Will translator be needed for future visits? ☐ Yes ☐ No

Name/Relationship/Country of Origin	**Phone Numbers**	**Occupation and Work Schedule**
Mother	Home	Occupation
	Business	Work Schedule
Country of Origin	Cell	
Father	Home	Occupation
	Business	Work Schedule
Country of Origin	Cell	
Foster Parent/Guardian	Home	Occupation
	Business	Work Schedule
Country of Origin	Cell	
Other	Home	Occupation
	Business	Work Schedule
Country of Origin	Cell	

CHILDHOOD LEAD POISONING HOME VISIT
(Continued)

Emergency Contact (who will always know how to reach you in case you move)		
Name	Relationship	Home Phone
Address		Business Phone

Household Members

First Name	Last (Family) Name	Relationship	Sex	DOB	Health Status (i.e., pregnant, physical disability)	Date Screened for Lead (Child or pregnant woman only)

Medical Insurance/Social Services Currently Received By EBLL Child	
Family Care/Medicaid:	ID #: Medicaid #:
HMO:	Name:
HMO Case Manager:	
Uninsured:	Describe why:
Private Insurance:	Name:

Who is the child's current health care provider?

Physician/Clinic Name: _____ Phone #: _____

Address:

Is this child experiencing any barriers to obtaining medical care?

☐ Yes ☐ No

If Yes, specify:

☐ Transportation ☐ Language Barrier ☐ Not Convenient for Work Schedule

☐ Cannot Find Child Care for Other Children ☐ Literacy

☐ Other: _____

Does the family use any alternative sources for medical advice?

☐ Yes ☐ No

If Yes, specify:

Alternative Medical Provider: _____ Phone #: _____

Address: _____

STOP: Administer the Lead Hazard Assessment Questionnaire before proceeding with remaining questions

Special Child Services

Is the child being served by any of the following agencies?

WIC	☐ Yes	☐ No
Food Banks	☐ Yes	☐ No
Special Child Health Services	☐ Yes	☐ No
Early Intervention Services (EIS)	☐ Yes	☐ No
Head Start	☐ Yes	☐ No
Energy Assistance for Low Income Families	☐ Yes	☐ No
DYFS	☐ Yes	☐ No
Other Health Department Maternal and Child Health Programs *(describe)*:		
_____	☐ Yes	☐ No
_____	☐ Yes	☐ No

Child's Health History

Do you have any concerns about your child's health?

☐ Yes ☐ No

If Yes, explain: _____

_____

When was the last time your child was seen by the doctor? _____

Child's Lead Test History

Is the doctor aware of your child's blood lead test history?	☐ Yes	☐ No
Has your child ever been hospitalized for lead poisoning?	☐ Yes	☐ No
If Yes, dates: _____		
Has your child ever received chelation therapy?	☐ Yes	☐ No
If Yes, dates: _____		
Has any other child in this household been diagnosed with lead poisoning?	☐ Yes	☐ No
If Yes, name/dates: _____		
_____		

Other Health Conditions

Does your child have a history of.....? *(Check all that apply)*

Condition			Date Diagnosed
Iron Deficiency Anemia	☐ Yes	☐ No	_____
Hearing or Vision Problems, Headaches	☐ Yes	☐ No	_____
Attention Deficit or Learning Disabilities	☐ Yes	☐ No	_____
Weight Loss, Loss of Appetite	☐ Yes	☐ No	_____
Asthma	☐ Yes	☐ No	_____
Diabetes	☐ Yes	☐ No	_____

CHILDHOOD LEAD POISONING HOME VISIT
(Continued)

Other Health Conditions, Continued

Does your child have a history of.....? *(Check all that apply)*

Condition			Date
Heart Disease	☐ Yes	☐ No	
Hepatitis	☐ Yes	☐ No	
Mental Illness	☐ Yes	☐ No	
Sickle Cell	☐ Yes	☐ No	
Fine motor coordination, gait or balance problems	☐ Yes	☐ No	
Chronic constipation, vomiting or stomach pain	☐ Yes	☐ No	
Lethargy, tiredness, sleep loss	☐ Yes	☐ No	
Seizure Disorder	☐ Yes	☐ No	
Tuberculosis	☐ Yes	☐ No	
Drug or alcohol dependency	☐ Yes	☐ No	
HIV	☐ Yes	☐ No	
Scoliosis	☐ Yes	☐ No	
Other: _____	☐ Yes	☐ No	
Other: _____	☐ Yes	☐ No	

Allergies

Allergies *(Check all that apply)*:

☐ Medications ☐ Food ☐ Environmental ☐ Other ☐None

If checked, describe: _____

Current Medications - Include all prescription medications, over-the-counter, and vitamin/mineral/herbal supplements (including supplements prescribed by a health care provider).

Medication Prescribed	Dose	Route	Frequency	Start Date	Reason
Over the	**Dose**	**Route**	**Frequency**	**Start Date**	**Reason**
Vitamin/Mineral/Herbal	**Dose**	**Route**	**Frequency**	**Start Date**	**Reason**

CHILDHOOD LEAD POISONING HOME VISIT
(Continued)

Nutritional Assessment

Do you have food available for the family all days of the month? ..... ☐ Yes ☐ No

Does your child have a good appetite?..... ☐ Yes ☐ No

How many meals does your child eat each day? _____

How many snacks? _____

Does your child eat at school/daycare? ..... ☐ Yes ☐ No

How many meals? _____

Does your child eat at fast food restaurants?..... ☐ Yes ☐ No

How often? _____

Record the frequency with which the child eats the following foods:	Daily	Weekly	Never
Milk Products:			
Cheese, Yogurt			
Whole Milk			
Skim or Low-fat Milk			
Breast Milk			
Formula			
Meat and Beans:			
Chicken, Beef, Pork, Poultry			
Fish and Shellfish			
Eggs			
Dried Beans, Peas, Peanut Butter			
Grains:			
Bread, Crackers, Cereal, Macaroni, Spaghetti, Tortillas, Pasta			
Fruits:			
Fruit, Fruit Juice			
Vegetables:			
Vegetables			
Potatoes			
Other:			
Soft Drinks			
Pastries, Ice Cream, Desserts			
Candy			
Chips, Snacks or Other High-fat Foods			

CHILDHOOD LEAD POISONING HOME VISIT
(Continued)

Home Safety Checklist							
Working smoke alarms	☐ Yes	☐ No		Living area free of dust and debris	☐ Yes	☐ No	
Medications stored out of reach	☐ Yes	☐ No		Insects/rodents absent	☐ Yes	☐ No	
Structurally sound	☐ Yes	☐ No		Absence of foul odor	☐ Yes	☐ No	
Adequate heat	☐ Yes	☐ No		Adequate water supply	☐ Yes	☐ No	
Stairs in good repair	☐ Yes	☐ No		Adequate sewage disposal	☐ Yes	☐ No	
Child safety gates present	☐ Yes	☐ No		Uses child seat in car	☐ Yes	☐ No	
Unobstructed exits/entries	☐ Yes	☐ No		Emergency numbers present	☐ Yes	☐ No	
Uncluttered living space	☐ Yes	☐ No		Adequate lighting in hall/stairs/exit	☐ Yes	☐ No	
Mats/throw rugs secured	☐ Yes	☐ No		Locked storage of toxic chemicals	☐ Yes	☐ No	
Proper functioning stove	☐ Yes	☐ No		Night lights in bathrooms	☐ Yes	☐ No	
Functioning refrigerator	☐ Yes	☐ No		Covers on electrical outlet	☐ Yes	☐ No	
Sink with running water	☐ Yes	☐ No		Family escape plan for fire	☐ Yes	☐ No	
Properly vented gas appliances	☐ Yes	☐ No		Fire extinguishers present and working	☐ Yes	☐ No	
No exposed/frayed wiring	☐ Yes	☐ No		Working carbon monoxide detector	☐ Yes	☐ No	
Water temp. set <120F	☐ Yes	☐ No		Yard free of clutter	☐ Yes	☐ No	
Window guards present (if unit is above ground floor)	☐ Yes	☐ No		Curtain/blind cords secured	☐ Yes	☐ No	
No mold/moisture	☐ Yes	☐ No		Trash in covered receptacle	☐ Yes	☐ No	
Allergen-proof mattress/pillow covers on beds of asthmatics	☐ Yes	☐ No		Absence of tobacco smoke in unit	☐ Yes	☐ No	

Name of Public Health Nurse Case Manager who completed this form:	
Name (Print)	Date

Name of Public Health Nurse Case Manager who updated this form since initial home visit:	
Name (Print)	Date

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name *(Last)* *(First)*		Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. ☐Yes ☐No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER		
Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No	
Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ *I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.*

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

CH-14 SEP 08 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.
   - The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions -** Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. **Medications -** List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

      PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*
   c. **Limitations to physical activity -** Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
   e. **Allergies/Sensitivities -** Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
   h. **Emergency Plans -** May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

APPENDIX I

New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

NUTRITIONAL ASSESSMENT

(to be used at subsequent home visits)

Name of Baby/Child	Age

Nutritional Assessment

Do you have food available for the family all days of the month? ..... ☐ Yes ☐ No

Does your child have a good appetite?..... ☐ Yes ☐ No

How many meals does your child eat each day? _____

How many snacks? _____

Does your child eat at school/daycare? ..... ☐ Yes ☐ No

How many meals? _____

Does your child eat at fast food restaurants?..... ☐ Yes ☐ No

How often? _____

Record the frequency with which the child eats the following foods:	Daily	Weekly	Never
Milk Products:			
Cheese, Yogurt			
Whole Milk			
Skim or Low-fat Milk			
Breast Milk			
Formula			
Meat and Beans:			
Chicken, Beef, Pork, Poultry			
Fish and Shellfish			
Eggs			
Dried Beans, Peas, Peanut Butter			
Grains:			
Bread, Crackers, Cereal, Macaroni, Spaghetti, Tortillas, Pasta			
Fruits:			
Fruit, Fruit Juice			
Vegetables:			
Vegetables			
Potatoes			
Other:			
Soft Drinks			
Pastries, Ice Cream, Desserts			
Candy			
Chips, Snacks or Other High-fat Foods			

LP-9
SEP 09

APPENDIX J

New Jersey Department of Health and Senior Services
Child and Adolescent Health Program
PO Box 364
Trenton, NJ 08625-0364

QUALITY ASSURANCE AND IMPROVEMENT

Purposes:

- To assure the accuracy of data entry into the Childhood Lead Poisoning Information Database;
- To provide and educate the staff related to the quality of data being placed into the Childhood Lead Poisoning Information Database; and
- To provide feedback to the Department of Health and Senior Services on Quality Improvement issues related to the outcome of the Quality Assurance Audit.

Guidelines for Reporting of Quality Assurance and Improvement

- Complete the Quality Assurance and Improvement Audit and submit to NJDHSS quarterly in the format designated by the NJDHSS Child Health Coordinator by the 15th of the following months: January, April, July and October.
- Health Officer or designee shall perform the quality assurance audit on 10% of active case management cases. (Minimum of five cases and maximum of 20 cases shall be reviewed). This audit will include both nursing case management and environmental inspector cases.

Name of Health Department	Quarterly Review Date
Reviewer Name	

LeadTrax ID #	Name of Nurse Case Manager	Name of Environmental Inspector	Name of Data Entry Clerk	QA/QI

LP-10
SEP 09

APPENDIX K

Agency Letterhead to be entered here!

CHILDHOOD LEAD POISONING
CASE CLOSURE

Child's Full Legal Name	
Address	
Date Case Closed	Last Venous Blood Lead Level (BLL) _____ µg/dL
Name of Health Care Provider (notified of case closure)	Date Case Closure Form sent to Health Care Provider

CRITERIA FOR CASE CLOSURE		
Cases should be closed when the following criteria are met: • Environmental lead hazards have been eliminated or managed using interim controls. • Child's venous BLL remains <10µg/dL after 3 months from the last elevated blood lead level. • All assessments and referrals have been completed. • All elements of the care plan have been completed. • Plans have been completed with the physician and the primary caregiver for long term developmental follow-up.	***OR***	**Cases should be closed administratively if:** • At least 3 documented attempts to locate or gain access to the child and caregiver have failed. • One documented attempt as certified letter from the board of health to caregiver has failed.

CHECK ALL THAT APPLY:		
Check	**Closure Reasons**	**Additional Notes:**
	1 venous BLL below 10µg/dL after 3 months	
	Environmental lead hazards have been eliminated or managed using interim controls.	
	Plans have been completed with the physician and the primary caregiver for long term developmental follow-up	
	Administrative Closure: Lost to follow-up/Unable to locate	Date of first home visit attempt: _____ Date of second home visit attempt: _____ Date certified letter sent: _____
	Services refused	
	Moved out of Jurisdiction/State to: _____ _____	Date of referral: _____ Name of Agency referred to: _____
	Other (Specify): _____ _____	

Signature of Public Health Nurse Case Manager	Date of Signature

LP-11
SEP 09