CHAPTER 51

CHILDHOOD ELEVATED BLOOD LEAD LEVELS

Authority

N.J.S.A. 26:2-137.2 et seq., particularly 26:2-137.7.

Source and Effective Date

Effective: April 12, 2017.
See: 49 N.J.R. 1225(a).

Chapter Expiration Date

Chapter 51, Childhood Lead Poisoning, expires on April 12, 2024.

Chapter Historical Note

Chapter 51, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, became effective prior to September 1, 1969.

Subchapter 7, Child Lead Poisoning, was adopted as R.1977 d.402, effective October 25, 1977. See: 9 N.J.R. 364(b), 9 N.J.R. 519(c).

Pursuant to Executive Order No. 66(1978), Subchapter 1 expired on September 16, 1981.

Pursuant to Executive Order No. 66(1978), Subchapters 2 through 6 were readopted as R.1985 d.477, effective August 21, 1985. See: 17 N.J.R. 1633(a), 17 N.J.R. 2270(a). Subchapter 1 was adopted as new rules by R.1985 d.477, effective September 16, 1985. See: 17 N.J.R. 1633(a), 17 N.J.R. 2270(a).

Chapter 51, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, was renamed "Childhood Lead Poisoning", and Subchapters 1 through 6 were repealed by R.1986 d.476, effective December 15, 1986 (operative January 1, 1987). See: 18 N.J.R. 1690(a), 18 N.J.R. 2448(a).

Chapter 51, Childhood Lead Poisoning, was repealed, and Chapter 51, Childhood Lead Poisoning: State Sanitary Code Chapter XIII, was adopted as new rules by R.1990 d.472, effective September 17, 1990. See: 22 N.J.R. 1502(a), 22 N.J.R. 3014(b).

Pursuant to Executive Order No. 66(1978), Chapter 51, Childhood Lead Poisoning: State Sanitary Code Chapter XIII, was readopted as R.1995 d.538, effective September 13, 1995. See: 27 N.J.R. 2660(a), 27 N.J.R. 3934(a).

Chapter 51, Childhood Lead Poisoning: State Sanitary Code Chapter XIII, was repealed, and Chapter 51, Childhood Lead Poisoning: State Sanitary Code Chapter XIII, was adopted as new rules by R.1999 d.188, effective June 7, 1999. See: 30 N.J.R. 3735(a), 31 N.J.R. 1515(a).

Chapter 51, Childhood Lead Poisoning: State Sanitary Code Chapter XIII, was readopted as R.2004 d.458, effective November 16, 2004. See: 36 N.J.R. 2601(a), 36 N.J.R. 3240(a), 36 N.J.R. 5678(a).

Chapter 51, Childhood Lead Poisoning: State Sanitary Code Chapter XIII, was readopted as R.2010 d.146, effective May 14, 2010. As a part of R.2010 d.146, Chapter 51, Childhood Lead Poisoning: State Sanitary Code Chapter XIII, was renamed Childhood Lead Poisoning; Subchapter 3, Reporting, was renamed Reporting and Confidentiality; Subchapter 6, Abatement of Lead Hazards, was renamed Abatement and/or Interim Controls of Lead Hazards; Subchapter 7, Procedures for Abatement of Lead Hazards, was renamed Procedures for Abatement and/or Interim Controls of Lead Hazards; Subchapter 8, Reinspection and Approval of Completion of Abatement of Lead Hazards, was renamed Reinspection and Approval of Completion of Abatement and/or Interim Controls of Lead Hazards; the Appendix was repealed; and Subchapter 9, Enforcement, Subchapter 10, Childhood Lead Poisoning Information Database, and Appendices A through K were adopted as new rules, effective July 19, 2010. See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 51, Childhood Lead Poisoning, was scheduled to expire on May 14, 2017. See: 43 N.J.R. 1203(a).

Chapter 51, Childhood Lead Poisoning, was readopted, effective April 12, 2017. See: Source and Effective Date.

Chapter 51, Childhood Lead Poisoning, was renamed Childhood Elevated Blood Lead Levels; Subchapter 10, Childhood Lead Poisoning Information Database, was renamed Childhood Lead Information Database; Appendices A through K were repealed and adopted as new rules; Appendix L was reserved; and Appendix M was adopted as new rules by R.2017 d.175, effective September 18, 2017. See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).

Cross References

Children's shelter physical facility requirements, see N.J.A.C. 3A:53-5.1 et seq.

Law Review and Journal Commentaries

Getting the Lead Out: An Overview of the New Federal Lead-Based Paint Disclosure Requirements. Vincent P. Maltese, Joseph J. Jankowski, 182 N.J. Law. 7 (Mag.)(Jan./Feb. 1997).

Lead Base Paint: Abate or Wait? Your Insurance Policy May Hold the Answer. Eugene R. Anderson, Joan L. Lewis, 182 N.J. Law. 10 (Mag.)(Jan./Feb. 1997).

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SUBCHAPTER 1. GENERAL PROVISIONS

8:51-1.1 Scope

The rules of this chapter shall apply to all local boards of health, owners of properties in which children who have been identified with elevated blood lead levels live, owners of any other properties that constitute a lead hazard to children who have been identified with elevated blood lead levels, and to laboratories who perform blood lead tests of children.

Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Inserted "elevated blood" twice, and substituted "levels" for "poisoning" twice.

Case Notes

No legal authority for board to designate and compensate its members as special representatives to the board; circumvention of statutory requirement that board act through duly licensed professionals not permitted. Deptford Twp. Bd. of Health v. Deptford Twp. Mayor & Council, 200 N.J.Super. 476, 491 A.2d 812 (Law Div.1985).

Local Health Services Act does not provide municipalities with concurrent jurisdiction, along with the Department of Environmental Protection and the Public Utility Commission, in field of solid waste disposal; field preempted by legislation. Little Falls Twp. v. Bardin, 173 N.J.Super. 397, 414 A.2d 559 (App.Div.1979).

8:51-1.2 Purpose

The purpose of this chapter is to protect children from adverse health effects due to exposure to lead hazards in their homes and in the environment.

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, and available at http://www.cdc.gov/nceh/lead/publications/;

3. "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing," (2012), 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;

4. "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention," Advisory Committee on Childhood Lead Poisoning Prevention, Centers for Disease Control and Prevention, January 2012, and available at www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf; and

5. "CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention'," Centers for Disease Control, June 2012, and available at www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_rec.pdf.

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

1. Hazard Assessment Questionnaire (N.J.A.C. 8:51 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 (N.J.A.C. 8:51 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 (N.J.A.C. 8:51 Appendix E) is the required agreement that each user of the Childhood Lead Information Database makes to maintain confidentiality of the information, in any format, collected and maintained pursuant to this chapter;

4. Childhood Lead Exposure Prevention Home Visit Assessment (N.J.A.C. 8:51 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, found at N.J.A.C. 8:51 Appendix A.

5. Universal Child Health Record (N.J.A.C. 8:51 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 (N.J.A.C. 8:51 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 (N.J.A.C. 8:51 Appendix J) is the form required to assure the accuracy of the data entered into the Childhood Lead Information Database and to educate staff on the quality of the data;

8. Childhood Lead Exposure Case Closure (N.J.A.C. 8:51 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 (N.J.A.C. 8:51 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 Information Database and Communication (N.J.A.C. 8:51 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 (N.J.A.C. 8:51 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.

New Rule, R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Former N.J.A.C. 8:51-1.3, Definitions, recodified to N.J.A.C. 8:51-1.4.
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In (a)2i, inserted ", and available", and deleted "and" from the end; in (a)3, substituted "(2012)" for "(June 1995)", and substituted a semicolon for a period at the end; added (a)4 and (a)5; in (b)3, (b)7, and (d)2, deleted "Poisoning" following "Lead"; in (b)4, substituted "Exposure" for "Poisoning", and inserted ", found at N.J.A.C. 8:51 Appendix A"; in (b)7, deleted "and" from the end; and in (b)8, substituted "Exposure" for "Poisoning Prevention".

8:51-1.4 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 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.

"Advisory Committee on Childhood Lead Poisoning Prevention" means a chartered body that advises and guides the Secretary and Assistant Secretary of the U.S. Department of Health and Human Services and the Director of the Centers for Disease Control and Prevention, regarding new scientific knowledge and technical developments and their practical implications for childhood lead exposure prevention efforts. The charter expired on October 31, 2013.

"Ambient source of lead" means lead contamination from salvage, recycling or industrial discharges or from known contaminated sites.

"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 five micrograms per deciliter (μg/dL).

"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 N.J.A.C. 8:51 Appendix G;

2. Universal Child Health Record, available at N.J.A.C. 8:51 Appendix H; and

3. A nutritional assessment, available at N.J.A.C. 8:51 Appendix I.

"Case manager" means a public health nurse 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 that 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 statements: "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, 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.

"Chewable surface" means any projection from an interior or exterior surface that offers a biting surface or that can be mouthed by a child. Chewable surfaces may include, but are not limited to: window sills, window casings, doors, door casings, stair railings, stair treads, balusters, toys, parts of certain furniture or any other surface that may be readily mouthed by children.

"Child" means a person less than 17 years of age.

"Commissioner" means the Commissioner of the New Jersey Department of Health, or his or her designee.

"Common area" means any portion of a premises that is generally accessible to occupants and may include, but is not limited to, entryways, hallways, stairways, lobbies, laundry and recreational rooms, playgrounds, porches, patios, community centers, garages, yard areas and boundary fences.

"Confirmed blood lead level" means a blood lead level obtained from a venous blood sample.

"Defective paint" means any paint located on any interior or exterior surface or object that is damaged, deteriorated, loose, cracked, peeling, chipped, blistered, chalking or flaking.

"Department" means the New Jersey Department of Health and Senior Services.

"Dwelling" means any building or structure or portion thereof which is occupied in whole or in part as the home, residence, or sleeping quarters of one or more persons, and includes any dwelling unit, rooming house or rooming unit, and any facility occupied or used by children.

"Elevated blood lead level" means a blood lead test result, from either a venous or capillary sample, equal to or greater than five micrograms per deciliter (μg/dL) of whole blood.

"Environmental intervention" means actions taken by the local board of health with jurisdiction to:

1. Identify lead hazards present in the child's environment;

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

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

"Friction surface" means an interior or exterior surface that is subject to abrasion or friction, including certain stair surfaces and moving parts or contact surfaces of doors and windows.

"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 pregnant women residing in the dwelling upon notification of a confirmed blood level of two results five to nine µg/dL or a single result of 10 µg/dL or higher; 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 N.J.A.C. 8:51 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," 2012, published by the U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, 451 Seventh Street, SW, Washington, DC 20410.

"Impact damage" means any painted surface that is cracked, chipped, or otherwise damaged because of repeated impacts.

"Impact surface" means an interior or exterior surface that is subject to damage by repeated impacts, including chair rails and certain parts of doors.

"Intact surface" means any surface that is free of damage or defects which would allow exposure to lead-based paint or lead-contaminated dust.

"Interim controls" means a set of measures or processes designed to temporarily reduce 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.

"Lead contaminated dust" means dust particles that contain lead in excess of the levels established by the United States Environmental Protection Agency pursuant to the Toxic Substance Control Act, Section 403, 40 C.F.R. 745.61 to 745.69.

"Lead contaminated soil" means soil that contains lead in excess of the levels established by the United States Environmental Protection Agency pursuant to the Toxic Substance Control Act, Section 403, 40 C.F.R. 745.61 to 745.69.

"Lead hazard" means any condition that allows access or exposure to lead, in any form, to the extent that adverse human health effects are possible.

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

"Local board of health" or "local boards of health" means a local board or local boards of health as defined at N.J.S.A. 26:1A-1.

"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 CFR 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.

"Premises" means a building or structure that contains one or more dwelling units, and/or a facility that is occupied or used by children, and the property on which it is located.

"Primary care provider" means a physician or advanced practice nurse that provides primary care services to children.

"Primary residence" means the dwelling where the child sleeps most of the time. Unless shown otherwise, it is presumed to be the legal residence of the child's primary caretaker.

"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. 45:11-23 et seq.;

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.

"Risk assessment" means the evaluation of an individual child to determine whether the potential for exposure to lead is high or low.

"Screening" means the taking of a blood sample from an asymptomatic child, and its analysis by a medical laboratory, licensed in accordance with N.J.A.C. 8:44, to determine if the child has elevated blood lead levels.

"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.

"µg/dL" means micrograms of lead per deciliter of whole blood.

"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.

Recodified from N.J.A.C. 8:51-1.3 and amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
In definition "Abatement", deleted "either mitigate or" preceding "permanently", substituted "and/or" for "and" preceding the first occurrence of "lead-contaminated", and deleted a comma following "disposal"; added definitions "Case management", "Case management assessments", "Case manager", "Causative factor", "Elevated blood lead level", "Hazard assessment", "Interim controls", "Lead-based paint hazard", "Limited hazard assessment", "Primary care provider", "Public health nurse", "Reinspection", "Testing" and "XRF instrument"; rewrote definitions "CDC recommendations", "Commissioner", "Environmental intervention", "HUD guidelines", "Lead-based paint" and "Secondary address"; and substituted definition "Non-paint lead hazard" for definition "Nonpaint lead hazard"; and rewrote definition "Non-paint lead hazard".
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Added definitions "Advisory Committee on Childhood Lead Poisoning Prevention" and " 'Local board of health' or 'local boards of health' "; in definition "Case management", inserted a comma following "oversight" and following "exposure", and substituted "five micrograms per deciliter (µg/dL)" for "the level of concern as defined by CDC recommendations"; in definition "Commissioner", deleted "and Senior Services" following "Health"; rewrote definition "Elevated blood lead level" and paragraph 1iv of definition "Hazard assessment"; in definition "HUD guidelines", substituted "2012" for "June 1995"; and in definition "Screening", inserted "elevated blood", and substituted "levels" for "poisoning".

SUBCHAPTER 2. SCREENING AND CASE MANAGEMENT

8:51-2.1 Screening

(a) The local board of health shall work with health care providers in its jurisdiction to ensure that all children less than 72 months of age are appropriately screened for elevated blood lead levels in accordance with N.J.A.C. 8:51A.

(b) If a local board of health determines that a child less than 72 months of age, who is receiving service from one of its child health programs, is in need of lead screening, and it is not able to make arrangements for the child to be screened by a health care provider, the local board of health shall perform a lead screening of the child.

Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In (a) and (b), substituted "less than 72 months" for "under six years"; and in (a), inserted "elevated blood", and substituted "levels" for "poisoning".

8:51-2.2 Screening methods

(a) All screening for elevated blood lead levels shall be performed in accordance with N.J.A.C. 8:51A.

(b) Local boards of health shall use, for blood lead testing, a laboratory that reports test results to the Department in accordance with N.J.A.C. 8:44-2.11.

Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In (a), inserted "elevated blood", and substituted "levels" for "poisoning".

8:51-2.3 Confirmation of blood lead test results

(a) A capillary blood screening sample that produces a blood lead level of five 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 five µg/dL or greater does not require a confirmatory test.

(b) If a child is reported to have a blood lead level of five 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 primary 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.

Administrative correction.
See: 40 N.J.R. 2111(a).
Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Substituted "10" for "20" throughout; recodified the last sentence of (a) as (a)1; in the introductory paragraph of (b), inserted "in accordance with the CDC recommendations and", and substituted "primary" for "health"; and recodified the last sentence of (b) as (b)1.
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In (a) and (b), substituted "five" for "10" throughout.

8:51-2.4 Case management

(a) Whenever a child has a confirmed blood lead level of five µg/dL or greater, the local board of health shall provide for case management of the child and his or her family.

(b) Whenever a child has a confirmed blood lead level of five µg/dL or greater, 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. In the case of a child with two confirmed blood lead levels of five to nine µg/dL or one confirmed blood lead level of 10 to 44 µg/dL, a review of the lead Hazard Assessment Questionnaire, available at N.J.A.C. 8:51 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 evaluation 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 provider according to N.J.A.C. 8:51A;

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 to provide primary medical care to the child;

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;

7. Arranging for lead screening, when indicated, of siblings and other children at least six months and less than 72 months 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.

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

10. Education about elevated blood lead levels, its possible effects on children, and lead hazards that may be present on the premises;

11. Education and counseling about nutrition and its role in reducing lead absorption;

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

13. The completion of case management assessments.

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

14. Referrals to appropriate community resources including, but not limited to: Department of Children and Families; Federally Qualified Health Center; New Jersey Family Care/Medicaid; the local subcode official for housing; Special Child Health Services; Women, Infants and Children; transportation services; and other community services;

15. Monitoring of all followup 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

16. 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:

i. Recommending to the primary care provider 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 provider 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 provider according to CDC recommendations;

x. Maintaining ongoing communication with the primary care provider 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;

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; and

xii. Recommending to the primary care provider to communicate regarding medical treatment with the New Jersey Poison Information and Education System (NJPIES) at 1-800-222-1222 or www.njpies.org.

(d) The local board of health shall ensure that each case set forth at (a) above 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 five 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 N.J.A.C. 8:51 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 child with an elevated blood lead level has moved and cannot be located.

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

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Rewrote the section.
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Rewrote the section.

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 upon notification by the Department of an elevated blood lead level:

Blood Lead Levels (µg/dL)	Time Frame For Initial Home Visit
5 to 14 venous sample	Within three weeks
15 to 19 venous sample	Within two weeks
20 to 44 venous sample	Within one week
45 to 69 venous sample	Within 48 hours
≥ 70 venous sample	Within 24 hours

(b) When a child under active case management moves from the jurisdiction of one local board of health to another, the 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.

New Rule, R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Rewrote the table in (a).

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 five 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 Information Database as set forth at N.J.A.C. 8:51-10.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Substituted "10" for "20", and inserted "through the Childhood Lead Poisoning Information Database as set forth at N.J.A.C. 8:51-10".
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Substituted "five" for "10", and deleted "Poisoning" following "Lead".

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 five µg/dL or greater, it shall report to the Department through the Childhood Lead 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. The local board of health shall report the following case management information:

i. The case manager's name;

ii. The date the case was assigned;

iii. The 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 the case was discharged.

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

i. General information, including the date the 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 the inspection was started; date the inspection was completed; reason the investigation was 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 the abatement was completed; date the environmental case was closed; reason, if abatement not required; reason the abatement was delayed; name of the person or company who performed the 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 the tenant applied for relocation funding, date the tenant relocation funding was approved, relocation funding sources used, date the owner applied for abatement funding, date the abatement funding was 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 through 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.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
In the introductory paragraph of (a), inserted "a" preceding "blood", inserted "through the Childhood Lead Poisoning Information Database as set forth at N.J.A.C. 8:51-10", and substituted "10" for "20" and a period for the colon at the end; rewrote (a)1 and (a)2; and added (b) and (c).
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In the introductory paragraph of (a), substituted "five" for "10", and deleted "Poisoning" following "Lead".

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 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 Information Database shall sign a User Confidentiality Agreement, available at N.J.A.C. 8:51 Appendix E, as established at N.J.A.C. 8:51-10.1(j).

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Inserted designation (a); rewrote (a); and added (b) and (c).
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In the introductory paragraph of (a), deleted a comma following "interventions", and inserted a comma following "disclosed"; and in (c), deleted "Poisoning" following "Lead".

SUBCHAPTER 4. ENVIRONMENTAL INTERVENTION

8:51-4.1 Environmental intervention for all children with confirmed blood lead levels of five µg/dL or greater

(a) Whenever a child has a confirmed blood lead level of 10 µg/dL or greater or two consecutive test results five µg/dL to nine µg/dL that are one month to four 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 at the primary residence of the child.

1. The address given on the report of a blood lead test result shall be presumed to be the primary residence of the child, unless it is subsequently determined that the child never resided at that address.

2. If it is determined that the child no longer resides, or never resided, at the reported address, the local board of health shall attempt to determine the child's current address.

3. If it is determined that the child resided at the reported address at the time of the blood lead test, and subsequently moved to another primary address, then the local board of health shall conduct an environmental intervention at both the primary residence at the time of the test and the current primary address.

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 results to the local board of health in whose jurisdiction the child now resides, which shall conduct an environmental intervention at the child's 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 where the child permanently resides shall notify the local board of health in whose jurisdiction the child is temporarily relocating of the relocation address and the local board of health with jurisdiction over the temporary relocation address shall complete a limited hazard assessment.

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 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 shall provide written notice to tenants of all units of a multi-unit dwelling that a lead hazard was found in one of the units or in a common area and that other units may be impacted, if the source of the lead hazard is a housing component.

3. 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) 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 upon notification by the Department of an elevated blood lead level:

Blood Lead Levels (µg/dL)	Time Frame For Initial Environmental Intervention
Following two consecutive test results	
5 to 9 venous sample	Within three weeks
5 to 14 venous sample	Within three weeks
15 to 19 venous sample	Within two weeks
20 to 44 venous sample	Within one week
45 to 69 venous sample	Within 48 hours
≥ 70 venous sample	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 N.J.A.C. 8:51 Appendix A, to the parent or guardian.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Environmental intervention for all children with confirmed blood lead levels of 20 µg/dL or greater". Rewrote the section.
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Section was "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". Rewrote (a) and the table in (e).

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

(a) Whenever a child up to 72 months of age has a confirmed blood lead level of 10 µg/dL or greater or two consecutive test results five µg/dL to nine µg/dL that are one month to four 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) The local board of health shall conduct a limited hazard assessment on the following addresses that are determined, through the Hazard Assessment Questionnaire, available at N.J.A.C. 8:51 Appendix A, to have been built before 1978 or to not have a lead-free certificate:

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) 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 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.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Rewrote the introductory paragraphs of (a) and (b); added (a)1; deleted former (c); recodified (d) as (c); in (c), substituted "Hazard Assessment Questionnaire" for "questionnaire", and recodified the last sentence as (c)1; and deleted (e).
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Rewrote (a); and in (b), deleted "and dust sampling" following "assessment".

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, has a confirmed blood lead level of 10 µg/dL or greater or two consecutive test results five µg/dL to nine µg/dL that are one month to four 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 and any secondary addresses that are determined to be a likely source of exposure to the child.

(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.

(c) If the child with confirmed blood lead of 10 µg/dL or greater or two consecutive test results five µg/dL to nine µg/dL that are one month to four 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.

Administrative correction.
See: 40 N.J.R. 2111(a).
Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Deleted former (a) and (b); recodified former (c) as (a); rewrote (a); added new (b); recodified former (d) as (c); and rewrote (c).

Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Rewrote (a) and (c).

8:51-4.4 Reporting results of environmental interventions

(a) The local board of health shall provide an Environmental Intervention Report, available at N.J.A.C. 8:51 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 child with an elevated blood lead level 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 N.J.A.C. 8:51 Appendix F, with the report described in (a) above.

(d) The local board of health shall provide a copy of the Environmental Intervention Report described in (a) above and a copy of the notice of violation described in (c) above 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.

The following annotations apply to N.J.A.C. 8:51-4.4 prior to its repeal by R.2010 d.146:

Administrative correction.
See: 31 N.J.R. 1954(b).
Administrative correction.
See: 40 N.J.R. 2111(a).

The following annotation applies to N.J.A.C. 8:51-4.4 subsequent to its recodification from N.J.A.C. 8:51-4.5 by R.2010 d.146:

Recodified from N.J.A.C. 8:51-4.5 and amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Rewrote (a); added new (b) and (c); recodified former (b) as (d); rewrote (d); and added (e).
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In (b), deleted "lead-burdened" preceding "child", and inserted "with an elevated blood lead level".

8:51-4.5 (Reserved)

Recodified to N.J.A.C. 8:51-4.4 by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Reporting results of environmental interventions".

SUBCHAPTER 5. DETERMINATION OF LEAD IN DWELLING UNITS

8:51-5.1 Environmental sampling methods

(a) The local board of health shall collect single surface paint and other surface coating samples in conformance with sampling procedures found in the HUD Guidelines or 40 CFR Part 745.

(b) The local board of health shall:

1. Collect single surface dust wipe samples 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) The local board of health shall:

1. Collect soil samples 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.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
In (a), substituted "The local board of health shall collect single" for "Single", deleted "shall be collected" following "samples", and inserted "or 40 CFR Part 745"; and rewrote (b) and (c).

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 in conformance with the EPA/HUD Performance Characteristic Sheet for the specific XRF instrument being used or other applicable Federal protocols.

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) Local boards of health using XRF instruments to test for lead content in paint or other surface coatings shall comply with N.J.A.C. 7:28 regarding use of instruments containing radioactive materials.

(c) Any person using an XRF instrument to test for lead content in paint or other surface coating shall have completed the appropriate manufacturer's training course.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "On site x-ray fluorescence testing". Rewrote (a).

8:51-5.3 Analysis of environmental samples

Environmental samples shall be analyzed by a laboratory recognized by United States Environmental Protection Agency pursuant to the Toxic Substances Control Act, section 405(b), 15 U.S.C. 2685, or by a laboratory participating in the National Lead Laboratory Accreditation Program or an equivalent independent national accreditation program.

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.

Repeal and New Rule, R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Approval of other samples or testing methods".

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 at N.J.A.C. 8:51 Appendix C.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Issuance of abatement orders". Inserted designation (a); in (a), inserted "and/or interim controls"; and added (b).

8:51-6.2 Exterior surfaces

(a) The local board of health shall order the abatement and/or interim controls of 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.

(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 that 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; and

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

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Inserted designation (a); in (a), substituted "The local board of health shall order the abatement and/or interim controls of lead" for "Lead" and deleted ", shall be abated" following "such paint"; and added (b) and (c).

8:51-6.3 Interior surfaces

(a) The local board of health shall issue an order to abate defective lead-based paint wherever found.

(b) The local board of health shall issue an order to abate all lead-based paint on friction and impact surfaces.

(c) The local board of health shall issue an order to abate chewable surfaces that have been tested and found to contain lead-based paint.

(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.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Rewrote the section.

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.

Repeal and New Rule, R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Lead-contaminated soil".

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.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Abatement of other conditions that constitute a lead hazard". Inserted "and/or interim controls", and deleted ", as defined in N.J.A.C. 8:51-1.3" following "hazard".

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.

1. Causative or contributory factors may include, but are not limited to, roof, water and plumbing leaks.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Inserted designation (a); in (a), inserted "a" preceding "causative", and "factor" following "contributory", deleted ", as defined in N.J.A.C. 8:51-1.3" following "paint", and recodified the last sentence as (a)1; in (a)1, substituted "Causative or contributory factors" for "These conditions", and deleted "leaks" following "roof" and following "water".

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, it shall notify the New Jersey Department of Environmental Protection or its Certified County Environmental Health Act Agency.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Deleted "as defined in N.J.A.C. 8:51-1.3," following "lead,".

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, 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. 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 shall perform, or arrange for the performance of, the required activities, and 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) The property owner is responsible for the abatement and/or interim controls of nonpaint hazards that are under his or her control, including, but not limited to, lead solder in plumbing.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Responsibility for abatement of lead hazards". Rewrote (a); in (b), inserted "the" preceding and "and/or interim controls" following "abatement", and recodified the last sentence as (c); and in (c), substituted "The" for "However, the", "his or her" for "their" and "including, but not limited to," for "such as", and inserted "the" preceding and "and/or interim controls" following "abatement".
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In the introductory paragraph of (a), inserted a comma following "required"; deleted former (a)1i, and recodified (a)1ii as (a)1i.

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 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.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Rewrote the section.

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).

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Procedures and work practices for abatement". Inserted designation (a); and added (b).

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 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 10 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.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Section was "Protection of dwelling occupants during abatement". Inserted designation (a); in (a), inserted "the owner shall make", and deleted "shall be made" following "provisions"; and added (b).

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 ensure that:

1. 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;

2. Occupancy is appropriate for the work level; and

3. The person performing abatement obtained a clearance certificate.

(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 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, Child and Adolescent Health Program, PO Box 364, Trenton, New Jersey 08625.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Added new (a) and (b); recodified former (a) as (c); recodified the last sentence of (c) as (c)1; in (c)1, substituted "shall" for "may"; deleted former (b); and added (c)2 through (e).
Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
In (e)2, deleted "and Senior Services" following the first occurrence of "Health".

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 surfaces where lead paint has been removed or repaired with a non-leaded coating material.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
In the introductory paragraph of (a); inserted "and/or interim controls"; added (a)1 and (a)2; and in (b), substituted "The person performing the abatement and/or interim controls work shall refinish or seal all" for "All", and deleted "shall be refinished or sealed" following "repaired".

8:51-8.2 Clearance testing

(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) 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.

Amended by R.2010 d.146, effective July 19, 2010.
See: 41 N.J.R. 4604(a), 42 N.J.R. 1535(a).
Rewrote (a) and (c); in (b), inserted "and interim controls" and "forth"; and added (d).

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 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 INFORMATION DATABASE

8:51-10.1 Childhood Lead Information Database

(a) The Department shall implement and operate a web-based Childhood Lead Information Database (the database)

applicable to childhood elevated blood lead level 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, environmental inspectors, and local board of health staff members to document and track their case management activities and environmental interventions activities;

3. Collect, maintain, and track Statewide childhood elevated blood lead level 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 the 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 N.J.A.C. 8:51 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 classroom 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 N.J.A.C. 8:51 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 N.J.A.C. 8:51 Appendix E.

(*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 (b), (i) and (j) above.

Amended by R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Section was "Childhood Lead Poisoning Information Database". Rewrote (a); in (b)2, deleted "public health nurses and" following "managers,", and inserted ", and local board of health staff members"; in (b)3, inserted a comma following "maintain", inserted "elevated blood", and substituted "level" for "poisoning"; and in (k), deleted ", by August 18, 2010" following "Appendix E".

APPENDIX A

APPENDIX A

New Jersey Department of Health
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

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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: _____

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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

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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	

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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?

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Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Hazard Assessment Questionnaire".

New Jersey Department of Health
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	NJDOH License Number
Signature of Inspector	Date Investigation Completed

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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.)

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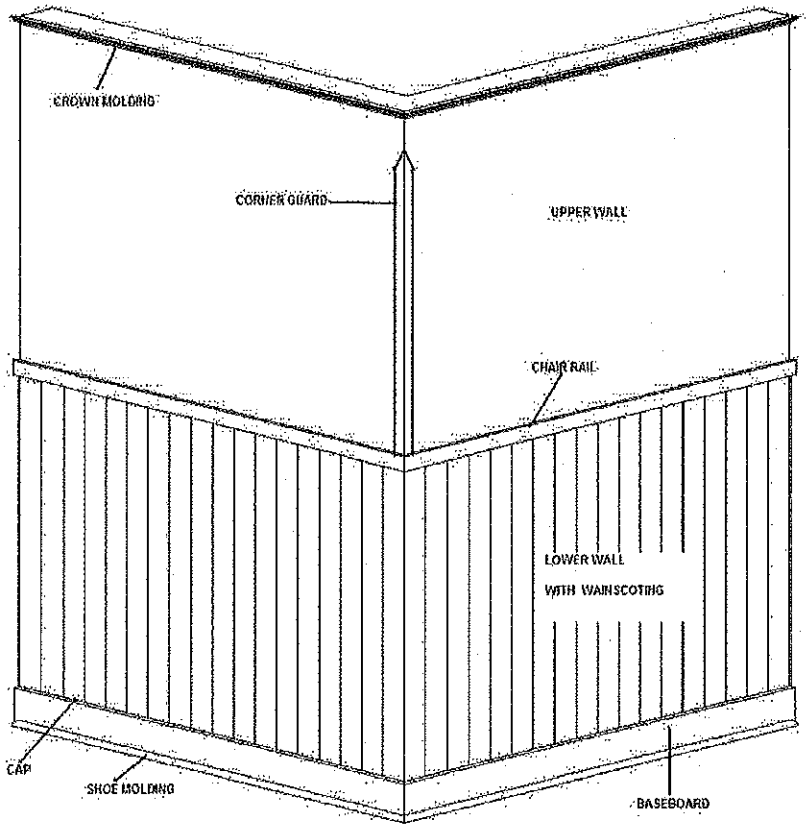
Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Environmental Intervention Report".

APPENDIX C

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

STANDARD HOUSING COMPONENT TERMINOLOGY



WALL COMPONENTS

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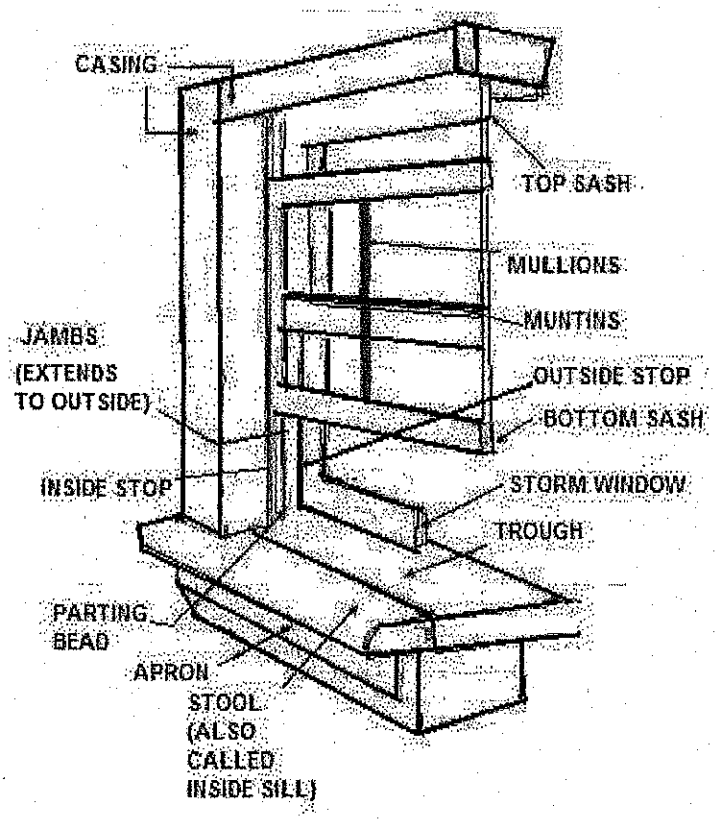
STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



WINDOW COMPONENTS

LP-D1
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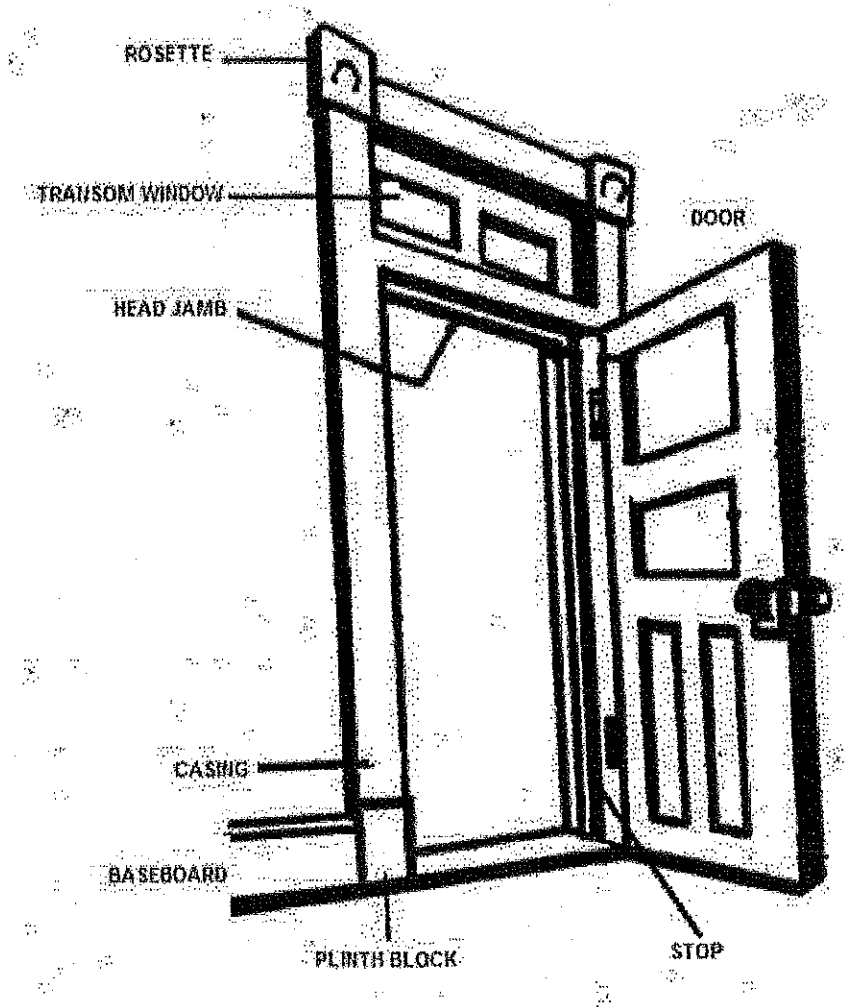
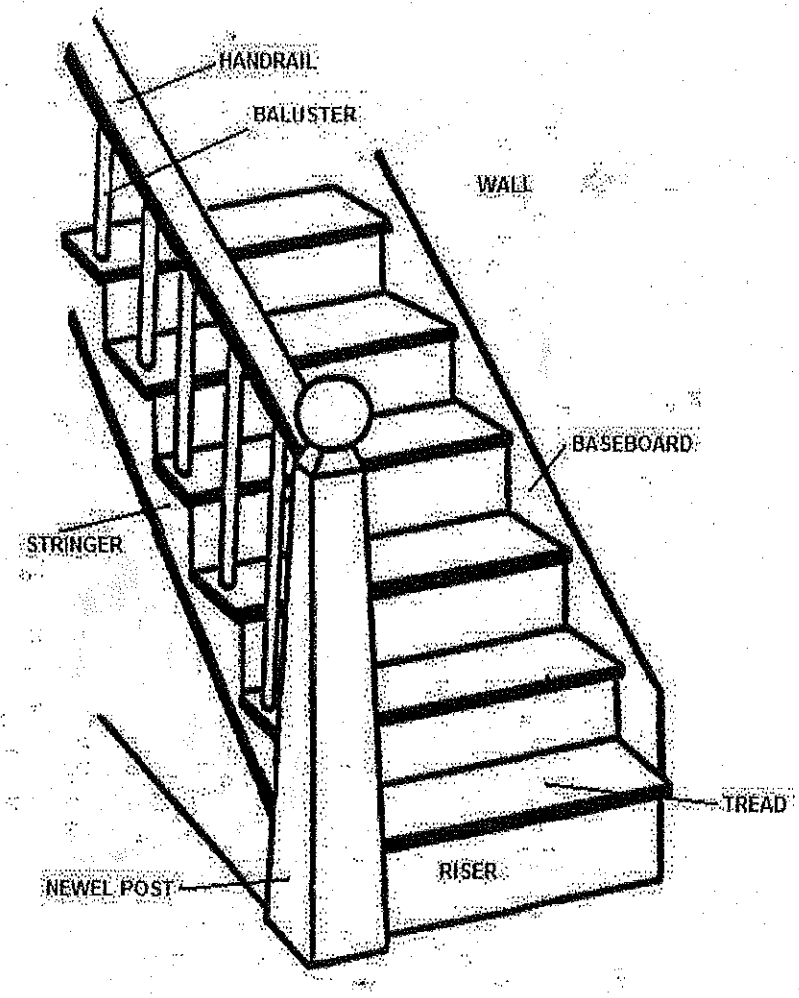
STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



DOOR COMPONENTS

STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



STAIRWAY COMPONENTS

LP-D1
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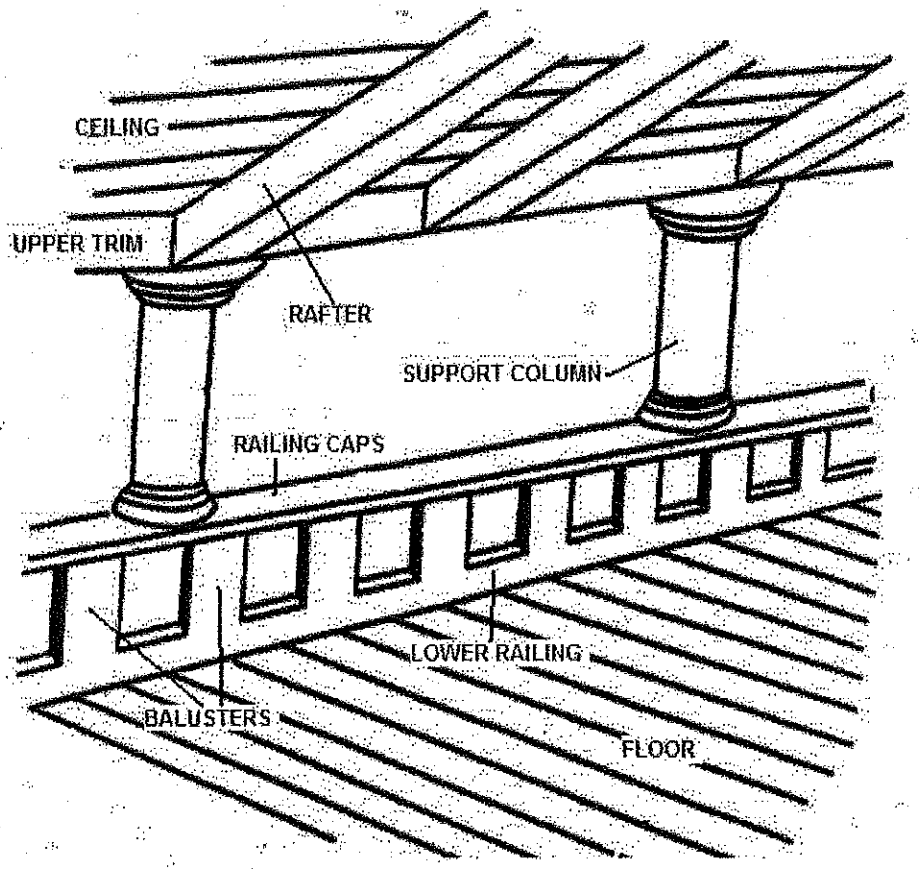
STANDARD HOUSING COMPONENT TERMINOLOGY
(Continued)



PORCH COMPONENTS

LP-D1
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Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Standard Housing Component Terminology".

APPENDIX D

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

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

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

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

  - 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 five 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.

PROTOCOL FOR DATA ENTRY IN THE CHILDHOOD LEAD INFORMATION DATABASE AND COMMUNICATION (Continued)

- Protocol B: Communicating with NJDOH about duplicate records

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

1. The message for alerting NJDOH 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 NJDOH 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.

Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Protocol for Data Entry in the Childhood Lead Poisoning Information Database and Communication".

APPENDIX E

New Jersey Department of Health
Child and Adolescent Health Program
PO Box 364
Trenton NJ 08625

USER CONFIDENTIALITY AGREEMENT

This Data Confidentiality Agreement (Agreement) is set forth in accordance with New Jersey and Federal statutes, regulations, procedures and policies. I understand that my access to personally identifiable data, information, and records (PII) as that term is defined in the Privacy Act of 1974 (Pub. L. 93-570, 88 Stat. 1896, enacted December 31, 1974, 5 U.S.C. 552a and Office of Management and Budget Circular (M-07-16), and maintained in Childhood Lead Information Database, (referred to as "database"), is limited to the PII necessary to carry out my essential job responsibilities.

In accordance with N.J.A.C. 8:51, N.J.S.A. 26:2-137.6 and Executive Order No. 100 (Governor Corzine; April 29, 2008) NJDOH hereby authorizes certain individuals in the following categories to access the database for performance of official duties of State and local government in cases of elevated blood lead levels in children upon signing of this Agreement:

1) case managers;
2) environmental inspectors;
3) supervisors responsible for overseeing or handling referrals and cases; and
4) support staff who need to have access to the database in order to support individuals set forth in 1-3 above.

By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions of my access to the database.

1. I will keep strictly confidential all information and PII, in any format, that I receive from the database or to which I have access in the database.

2. I will use my authorized access to the database in the performance of only my essential work functions, of State or local government official childhood elevated blood lead level referrals or case management duties, and limited to only my jurisdiction and user role.

3. I will comply with all controls established by NJDOH regarding the use of PII maintained within database.

4. I will not disclose PII or information in the database to unauthorized persons without written authorization of the PII owner, except as permitted under applicable State or Federal law. I understand and agree that my duty to avoid such disclosure will continue even after I am no longer employed.

5. I will not divulge, disclose, use, transfer, remove, or otherwise furnish PII or information from the database to any individual or organization for any use not authorized by NJDOH or to any person or entity not conducting official childhood elevated blood lead level referrals or case management duties, except as authorized by State law or rule or by Federal law or regulation.

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6. I will exercise care to protect PII against accidental or unauthorized access, modifications, disclosures, or destruction.

7. I will not make any copies of PII or information in the database.

8. When discussing PII with other employees in the course of my work, I will exercise care to keep the conversation private so as not to be overheard by others who are not authorized to have access to PII.

9. I will not access or use any PII or information from database for any purpose that is not set forth with specificity in my essential childhood elevated blood lead level referrals or case management job functions without the written approval of my supervisor.

10. I agree to maintain the physical safeguards listed below for all paper copies of applications, reports, results, investigations, e-mails, facsimiles, etc., containing PII that I access in the database.

    a. Before stepping away from my desk, I will place all such documents in a folder;

    b. At the end of each work day, I will file and store all such documents in a locked filing cabinet; and

    c. I will not remove any such documents from my work place without prior written approval from my supervisors.

11. I will not leave any work related documents or information, in any format, paper of electronic or other, unattended at any time, including I will not leave work related documents or information unattended in my car at any time.

12. I will store all work documents and data extracts from the database only on secure network drives and devices.

    a. I will not store any PII on local hard drives or on non-secure network drives under any circumstances.

    b. I will not transfer any PII maintained on database to my laptop, USB key, or any other removable media (collectively known as a "Device").

13. I will never use PII in an unencrypted e-mail communication for any reason.

14. I will always log out of any electronic database that I am using at the completion of my work. For added safety, I will close the browser window.

15. I will never share my password with anyone. I understand that each individual authorized to access the database must be assigned his/her own user-ID and password.

16. I will not store user-IDs or passwords on computers. I will disable any utility for storing user-IDs and passwords on the computer and will request authorized IT staff assistance if needed.

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17. I understand that NJDOH may audit any record, electronic or written, that is part of or derived from the database or pertains to the information entered into the database.

18. I will report immediately to my supervisor and NJDOH any breach of confidentiality.

19. I understand that my failure to abide by this Agreement may result in suspension or termination of my user privileges, disciplinary action, and the imposition of any penalties as prescribed by State or Federal law.

Acknowledgement and Agreement

I have read the above User Confidentiality Agreement. I understand the content and intent of this Agreement and agree to abide by it.

_____
Printed Name and Title

_____ _____
Signature Date

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Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "User Confidentiality Statement for Access to the New Jersey Childhood Lead Poisoning Information Database".

APPENDIX F

New Jersey Department of Health
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 child with an elevated blood lead level 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.

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MAY 16

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.

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MAY 16

All remediation work undertaken in response to this Notice of Violation shall comply with the owner's responsibilities and compliance criteria in accordance with N.J.A.C. 8:51-7.1(a)3:

- Within 30 days from the date of Notice of Violation identifying the lead hazards a scope of work shall be submitted to the local board of health.
- Within 45 days from the date of Notice of Violation identifying the lead hazards the property owner shall secure financial resources.
- Clearance testing shall be performed by an independent certified risk assessor no sooner than one hour after the final cleaning is completed pursuant to N.J.A.C. 5:17 and within 30 calendar days from the final cleaning pursuant to N.J.A.C. 8:51-8.2(a).

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.

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)*.

Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Notice of Violation".

APPENDIX G

CHILDHOOD LEAD EXPOSURE PREVENTION 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 (Appendix A). The nurse case manager and environmental inspector should collaborate in administration of the form.

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/Legal Guardian	Home	Occupation
	Business	Work Schedule
Country of Origin	Cell	
Other	Home	Occupation
	Business	Work Schedule
Country of Origin	Cell	

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CHILDHOOD LEAD EXPOSURE PREVENTION HOME VISIT
(Continued)

Emergency Contact (who will always know how to reach you in case you move)		
Name	Relationship	Home Phone
Address		Cell Phone
Name	Relationship	Home Phone
Address		Cell 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 Child with Elevated Blood Lead Level

Family Care/Medicaid:	ID #: Medicaid #:
HMO:	Name:
HMO Case Manager:	
Uninsured	Describe why:
Private Insurance	Name:

Who is the child's current primary care provider?

Primary Care Provider/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 _____

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CHILDHOOD LEAD EXPOSURE PREVENTION HOME VISIT
(Continued)

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
Department of Children and Families	☐ 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 a primary care provider? _____

Child's Lead Test History

Is the primary care provider aware of your child's blood lead test history?	☐ Yes	☐ No
Has your child ever been hospitalized for elevated blood lead levels?	☐ 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 elevated blood lead levels?	☐ 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	_____

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CHILDHOOD LEAD EXPOSURE PREVENTION HOME VISIT
(Continued)

Other Health Conditions, Continued

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

Condition			Date Diagnosed
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 primary care provider).

Medication Prescribed by Primary Care Provider	Dose	Route	Frequency	Start Date	Reason
Over the Counter	**Dose**	**Route**	**Frequency**	**Start Date**	**Reason**
Vitamin/Mineral/Herbal Supplements/Home Remedies	**Dose**	**Route**	**Frequency**	**Start Date**	**Reason**

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CHILDHOOD LEAD EXPOSURE PREVENTION 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			

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CHILDHOOD LEAD EXPOSURE PREVENTION 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/ext	☐ 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 at 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
			Trash in covered receptacle	☐ Yes	☐ No
No mold/moisture	☐ Yes	☐ No	Absence of tobacco smoke in unit	☐ Yes	☐ No
Allergen-proof mattress/pillow covers on beds of asthmatics	☐ Yes	☐ No	Heavy furniture and electronics secured	☐ Yes	☐ No

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

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

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APR 16 -8-

Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Childhood Lead Poisoning Home Visit".

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

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 APR 16 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, Vaccine Preventable Diseases Program at 609-826-4860.
   - 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.nj.gov/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 health 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.

CH-14 *(Instructions)*
APR 16

Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Universal Child Health Record".

APPENDIX I

New Jersey Department of Health
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			

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APR 16

Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Nutritional Assessment".

APPENDIX J

New Jersey Department of Health
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 Information Database;
- To provide and educate the staff related to the quality of data being placed into the Childhood Lead Information Database; and
- To provide feedback to the Department of Health 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 NJDOH quarterly in the format designated by the NJDOH 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

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APR 16

Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Quality Assurance And Improvement".

APPENDIX K

CHILDHOOD LEAD EXPOSURE
CASE CLOSURE

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

CRITERIA FOR CASE CLOSURE		
Cases should be closed when the following criteria are met: 1. Single, venous, BLL 5 to 9 µg/dL, in accordance with 2.4(b). 2. Two, venous (1-4 months apart), BLL 5 to 9 µg/dL, in accordance with 2.4(b) and 4.1(a)-(d), and as applicable 4.1(f), 4.2, 4.3(a)-(b), 4.3(c). 3. Single, venous, BLL 10 to 44 µg/dL, in accordance with 2.4(b) and 4.1(a)-(d), and as applicable 4.1(f), 4.2, 4.3(a)-(b), 4.3(c). 4. Single, venous, BLL 45 µg/dL or greater, in accordance with 2.4(c) and 4.1(a)-(d), and as applicable 4.1(f), 4.2, 4.3(a)-(b), 4.3(c).	OR	**Cases should be closed administratively if:** • At least 3 documented attempts to locate or gain access to the child and parent/legal guardian have failed. • One documented attempt as certified letter from the board of health to the parent/legal guardian has failed.

CHECK ALL THAT APPLY:		
Check	**Closure Reasons**	**Additional Notes:**
	Single venous BLL below 5µg/dL after 3 months.	
	Environmental lead hazards have been abated and/or managed using interim controls.	
	Plans have been completed with the primary care provider and the parent/legal guardian 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 Case Manager		Date of Signature

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APR 16

Repeal and New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).
Appendix was "Childhood Lead Poisoning Case Closure".

APPENDIX L

(RESERVED)

APPENDIX M

Summary of Public Health Actions for Elevated Blood Lead Levels

Category 1

Blood Lead Level	Specimen Type and Frequency	Case Management	Environmental Intervention
5 to 9 ug/dL	Single venous	2.4(b) Activities 2.5 Home Visit Schedule • Home visit • Provide education, both written and verbal, and counseling about the effects of elevated blood lead levels and its prevention (nutrition, personal hygiene, housekeeping) and other risk reduction measures. • Determine whether or not the child has a primary care provider. Refer to appropriate community resources. • Complete case management assessments (Appendices G, H, I) • Assist the family in arranging for venous follow-up and monitor blood lead retesting and results. • Educate about lead hazards that may be present on the premises. • Monitor follow-up activities.	

Category 2

Blood Lead Level	Specimen Type and Frequency	Case Management	Environmental Intervention
5 to 9 ug/dL OR 10 to 44 ug/dL	Two venous (1-4 months apart) Single venous	**2.4(b) Activities** **2.5 Home Visit Schedule** • Home visit • Provide education, both written and verbal, and counseling about the effects of elevated blood lead levels and its prevention (nutrition, personal hygiene, housekeeping) and other risk reduction measures. • Determine whether or not the child has a primary care provider. • Refer to appropriate community resources. • Complete case management assessments (Appendices G, H, I) • Assist the family in arranging for venous follow-up and monitor blood lead retesting and results. • Educate about lead hazards that may be present on the premises. • Monitor follow-up activities. • Assess the need for emergency relocation. • Ensure a hazard assessment is completed at all proposed relocation addresses.	**4.1(a)-(d) Activities** **4.1(e) Home Visit Schedule** Conduct Environmental Intervention **4.1(f) (premise constructed in 1978 or later)** • Hazard Assessment Questionnaire (Appendix A) at primary residence. **4.2 (children up to 72 months)** • Hazard Assessment at primary residence. • Limited Hazard Assessment at previous primary and secondary addresses. **4.3(a) & (b) (children 72 months or greater)** • Limited Hazard Assessment at primary and secondary addresses. **4.3(c) (children 72 months or greater who have been medically diagnosed as having a development disability or developmental delay in which the effective developmental age is up to 72 months)** • Hazard Assessment at primary residence. • Limited Hazard Assessment at previous primary and secondary addresses.

Category 3			
Blood Lead Level	**Specimen Type and Frequency**	**Case Management**	**Environmental Intervention**
45 or greater ug/dL	Single venous	2.4(c) Activities 2.5 Home Visit Schedule • Home visit • Provide education, both written and verbal, and counseling about the effects of elevated blood lead levels and its prevention (nutrition, personal hygiene, housekeeping) and other risk reduction measures. • Determine whether or not the child has a primary care provider. • Refer to appropriate community resources. • Complete case management assessments (Appendices G, H, I) • Assist the family in arranging for venous follow-up and monitor blood lead retesting and results. • Educate about lead hazards that may be present on the premises. • Monitor follow-up activities. • Assess the need for emergency relocation. • Ensure a hazard assessment is completed at all proposed relocation addresses. • Recommend to the primary care provider immediate hospitalization. • Recommend to the primary care provider to communicate with New Jersey Poison Information and Education System (NJPIES). • Ensure that the child is relocated to lead-safe housing. • Ensure that the environmental intervention is completed at the relocation address prior to hospital discharge. • Assist the family in obtaining required prescriptions before discharge from the hospital.	4.1(a)-(d) Activities 4.1(e) Home Visit Schedule Conduct Environmental Intervention **4.1(f) (premise constructed in 1978 or later)** • Hazard Assessment Questionnaire (Appendix A) at primary residence. **4.2 (children up to 72 months)** • Hazard Assessment at primary residence. • Limited Hazard Assessment at previous primary and secondary addresses. **4.3(a) & (b) (children 72 months or greater)** • Limited Hazard Assessment at primary and secondary addresses. **4.3(c) (children 72 months or greater who have been medically diagnosed as having a development disability or developmental delay in which the effective developmental age is up to 72 months)** • Hazard Assessment at primary residence. • Limited Hazard Assessment at previous primary and secondary addresses.
		• Ensure proper administration of the medication and timely medical follow-up during and after chelation. • Maintain communication regarding child's response to chelation, neurodevelopmental assessments, the referral process and the abatement status of the primary residence.	

N.J.A.C. 8:51 Defined Terms

Case Management - 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 5 µg/dL.

Case Management Assessments - assessments that identify the wellness of the child and family consisting of Appendices G, H, and I.

Environmental Intervention – identification of lead hazards in the child's environment, order of abatement or interim controls, education of the family.

Hazard Assessment –

- Administer the Hazard Assessment Questionnaire (Appendix A) and complete Appendices B and F.
- Collect information regarding physical characteristics and residential use patterns including age of structure and any additions; copies of any previous lead hazard inspections; diagram of the dwelling showing each room and its use; number of children up to 72 months of age and pregnant women; potential lead exposure sources in the neighborhood.
- Conduct a visual inspection of all interior and exterior painted surfaces and for evidence of chewing on painted surfaces.
- Test defective paint on interior surfaces, other buildings on the premises, furniture, toys and play structures using an XRF instrument.
- Test paint on intact friction surfaces and on chewable or evidence of chewing surfaces using an XRF instrument.
- Test paint on impact surfaces if damage of damage using an XRF instrument.
- Dust sampling of window sills and floors and areas where the child is likely to come in contact with dust.
- Evaluate exterior of the residence if no lead-based paint hazard is found in the interior.
- Testing of the soil, if no lead-based paint hazard is found in either the interior or exterior of the residence.

Limited Hazard Assessment –

- Administer the Hazard Assessment Questionnaire (Appendix A) and complete Appendices B and F.
- Collect information regarding physical characteristics and residential use patterns including age of structure and any additions; copies of any previous lead hazard inspections; diagram of the dwelling showing each room and its use; number of children up to 72 months of age and pregnant women; potential lead exposure sources in the neighborhood.
- Conduct a visual inspection of all interior and exterior painted surfaces and for evidence of chewing on painted surfaces.
- Test defective paint on interior surfaces, other buildings on the premises, furniture, toys and play structures using an XRF instrument.
- Dust sampling of window sills and floors and areas where the child is likely to come in contact with dust.

Lead Hazard - any condition that allows access or exposure to lead, in any form, to the extent that adverse human health effects are possible.

Note:

- Abatement is required on interior surfaces where a lead hazard has been identified.
- Abatement or interim controls may be ordered at the local health department's discretion on exterior surfaces where a lead hazard has been identified.

New Rule, R.2017 d.175, effective September 18, 2017.
See: 48 N.J.R. 2516(a), 49 N.J.R. 3168(a).

CHAPTER 51A

SCREENING OF CHILDREN FOR ELEVATED BLOOD LEAD LEVELS

Authority

N.J.S.A. 26:2-137.2 et seq., particularly 26:2-137.7.

Source and Effective Date

R.2019 d.006, effective December 7, 2018.
See: 50 N.J.R. 1526(a), 51 N.J.R. 83(a).

Chapter Expiration Date

Chapter 51A, Screening of Children for Elevated Blood Lead Levels, expires on December 7, 2025.

Chapter Historical Note

Chapter 51A, Screening of Children for Lead Poisoning, was adopted as R.1997 d.504, effective December 1, 1997. See: 29 N.J.R. 990(a), 29 N.J.R. 5081(a). Chapter 51A, Screening of Children for Lead Poisoning, expired on May 30, 2003.

Chapter 51A, Screening of Children for Lead Poisoning, was adopted as new rules by R.2005 d.433, effective December 19, 2005. See: 36 N.J.R. 5068(a), 37 N.J.R. 4963(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 51A, Screening of Children for Lead Poisoning, was scheduled to expire on June 17, 2013. See: 43 N.J.R. 1203(a).

Chapter 51A, Screening of Children for Lead Poisoning, was readopted as R.2011 d.191, effective June 14, 2011. See: 43 N.J.R. 118(a), 43 N.J.R. 1591(c).

Chapter 51A, Screening of Children for Lead Poisoning, was renamed Screening of Children for Elevated Blood Lead Levels by R.2017 d.176, effective September 18, 2017. See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).

Chapter 51A, Screening of Children for Lead Poisoning, was readopted as R.2019 d.006, effective December 7, 2018. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

8:51A-1.1 Scope and applicability

The rules in this chapter apply to physicians, registered professional nurses, as appropriate, and licensed health care facilities that provide services to children less than 72 months of age, and to licensed clinical laboratories that perform blood lead testing and to facilities that perform blood lead testing using tests approved for waiver under CLIA.

Amended by R.2017 d.176, effective September 18, 2017.
See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).
Substituted "less than 72 months" for "under six years".
Amended by R.2019 d.006, effective January 7, 2019.
See: 50 N.J.R. 1526(a), 51 N.J.R. 83(a).
Inserted "and to facilities that perform blood lead testing using tests approved for waiver under CLIA".

8:51A-1.2 Purpose

The purpose of this chapter is to protect children less than 72 months of age from the toxic effects of lead exposure by requiring lead screening pursuant to N.J.S.A. 26:2-137.2 et seq. (P.L. 1995, c. 328).

Amended by R.2017 d.176, effective September 18, 2017.
See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).
Substituted "less than 72 months" for "under six years" and "c. 328" for "c.328".

8:51A-1.3 Definitions

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

"Anticipatory guidance" means the provision of information regarding the major causes of elevated blood lead levels and the means of preventing lead exposure to parents or guardians of children less than 72 months of age.

"CLIA" means the New Jersey Clinical Laboratory Improvement Act, found at N.J.S.A. 45:9-42.26 et seq.

"Commissioner" means the Commissioner of the New Jersey Department of Health.

"Confirmed elevated blood lead" means a blood lead test result on a venous blood sample equal to or greater than five micrograms per deciliter (μg/dL) of whole blood.

"Currently accepted medical guidelines" means that version of guidelines for the medical treatment of children with elevated blood lead levels most recent to the time of evaluation, treatment, and follow-up, published by a public health agency other than the Department, or recognized medical professional organization or agency, including the United States Centers for Disease Control and Prevention, the New Jersey Physicians Lead Advisory Committee, and the American Academy of Pediatrics.

"Department" means the New Jersey Department of Health.

"Elevated blood lead" means a blood lead test result, from either a venous or capillary sample, equal to or greater than five micrograms per deciliter (μg/dL) of whole blood.

"Environmental follow-up" means actions taken by a local health department to identify and remediate lead hazards in the environment of a child with elevated blood lead in accordance with Chapter XIII of the New Jersey State Sanitary Code, N.J.A.C. 8:51, as amended and supplemented.

"Health care facility" means a facility licensed to perform health care services pursuant to N.J.S.A. 26:2H-1 et seq., as amended and supplemented.

"Lead screening" means the taking of a blood sample from a person by either fingerstick (capillary blood) or venipuncture (venous blood) and its analysis by a licensed clinical laboratory to determine the person's blood lead level.

"Micrograms per deciliter" or "μg/dL" means a unit of measure to express the ratio of millionths of a gram of lead in one-tenth of a liter of whole blood.

"Registered professional nurse, as appropriate" means a registered nurse, licensed by the New Jersey Board of Nursing, who would be permitted to perform lead screening on his or her own authority as authorized by the Board of Nursing.

Amended by R.2017 d.176, effective September 18, 2017.
See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).
In definition "Anticipatory guidance", inserted "elevated blood", and substituted "levels" for "poisoning" and "less than 72 months" for "under six years"; in definitions "Commissioner" and "Department", deleted "and Senior Services" following "Health"; in definitions "Confirmed elevated blood lead" and "Elevated blood lead", substituted "five" for "10"; in definition "Currently accepted medical guidelines", inserted "elevated blood", inserted a comma following "treatment", and substituted "levels" for "poisoning"; and added definition " 'Micrograms per deciliter' or 'μg/dL' ".
Amended by R.2019 d.006, effective January 7, 2019.
See: 50 N.J.R. 1526(a), 51 N.J.R. 83(a).
Added definition "CLIA".

SUBCHAPTER 2. SCREENING

8:51A-2.1 Periodic Environmental Assessment and anticipatory guidance

(a) Every physician, registered professional nurse, as appropriate, or health care facility that provides health care services to a child who is at least six months of age, but less than 72 months of age, shall:

1. Inquire if the child has been appropriately assessed and screened for elevated blood lead levels in accordance with this chapter;

2. If a Periodic Environmental Assessment (PEA) has not been performed within the 12 months prior to the provision of services, perform a PEA and place the written notes from such assessment in the medical record. The PEA shall include, at a minimum, questions to determine:

i. Whether the child resides in, or frequently visits, a house built before 1960 in which the paint is peeling, chipping, or otherwise deteriorated, or where renovation work has recently been performed that involved the removal or disturbance of paint; and

ii. Whether the child resides with an adult who is engaged in an occupation or hobby where lead or material containing lead is used; and

3. Provide the parent or guardian of each child with anticipatory guidance on preventing elevated blood lead levels.

Amended by R.2017 d.176, effective September 18, 2017.
See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).
In the introductory paragraph of (a), substituted "less than 72 months" for "under six years"; and in (a)3, substituted "preventing elevated blood lead levels" for "lead poisoning prevention".

8:51A-2.2 Lead screening schedule

(a) Every physician, registered professional nurse, as appropriate, or health care facility, unless exempt pursuant to N.J.A.C. 8:51A-2.3, shall perform lead screening on each patient who is at least six months and less than 72 months of age according to the following schedule:

1. Lead screening shall be performed on each child:

i. Between nine and 18 months of age, preferably at, or as close as possible to, 12 months of age; and

ii. Between 18 and 26 months of age, preferably at, or as close as possible to, 24 months of age. The second test shall be performed no sooner than six months following the first test.

2. For children found to be at high risk for lead exposure, as determined by the risk assessment performed pursuant to N.J.A.C. 8:51A-2.1:

i. Each child between six and 24 months of age shall be screened, unless he or she has been screened within the previous six months; and

ii. Each child at least six months and less than 72 months of age shall be screened when the risk assessment indicates exposure to a new high dose source of lead since the last time that he or she was screened. Examples of a new high dose source include, but are not limited to, a recent renovation of the child's residence (if built before 1960 or if lead-based paint is known to be present), deterioration of the paint in the child's residence, moving into a house built prior to 1960 that has peeling, chipping, or deteriorated paint, or an adult living in the household undertaking a new job or hobby that involves exposure to lead.

3. Each child older than 26 months of age but less than 72 months of age shall be screened if the child has never previously been screened for elevated blood lead levels.

Amended by R.2017 d.176, effective September 18, 2017.
See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).
In the introductory paragraph of (a), and in (a)2ii, substituted "at least" for "between" and "less than 72 months" for "six years"; and in (a)3, substituted "72 months" for "six years" and "elevated blood lead levels" for "lead poisoning".

8:51A-2.3 Exemptions

(a) A physician, registered professional nurse, as appropriate, or health care facility shall be exempt from the requirements of N.J.A.C. 8:51A-2.2 under the following circumstances:

1. If the physician, registered professional nurse, as appropriate, or health care facility does not have the capability to inform the parents or guardians of the blood lead test result and to ensure follow-up treatment in accordance with N.J.A.C. 8:51A-4.1 and 4.2. Any physician, registered professional nurse, as appropriate, or health care facility that is exempt under this section shall make a referral for screening, in writing, to the child's primary health care provider. If the child has no primary health care provider, a referral shall be made, in writing, to another health care provider, or to the local health department which has jurisdiction over the municipality in which the child lives for lead screening in accordance with these rules;

2. If a parent or legal guardian of a child refuses, for any reason, to have a lead screening test performed on their child. Such refusal shall be documented in writing on a form or document signed by the parent or legal guardian, and kept with the medical record of the child; or

3. If a child is brought to a physician, registered professional nurse, as appropriate, or health care facility for treatment of an emergency and, in the judgment of the provider, performing lead screening would interfere with the prompt treatment of the emergency.

SUBCHAPTER 3. SPECIMEN COLLECTION AND LABORATORY TESTING

8:51A-3.1 Specimen collection

(a) Screening for elevated blood lead levels shall be by blood lead test.

(b) Venous blood is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practicable.

(c) A capillary blood specimen collected by fingerstick is acceptable for lead screening, if appropriate collection procedures are followed to minimize the risk of environmental lead contamination.

Amended by R.2017 d.176, effective September 18, 2017.
See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).
In (a), inserted "elevated blood", and substituted "levels" for "poisoning".

8:51A-3.2 Laboratory testing

(a) All blood lead samples collected for lead screening in accordance with this chapter shall be sent for testing to a clinical laboratory licensed by the Department in accordance with N.J.A.C. 8:44-2, or to a facility that performs blood lead testing using tests approved for waiver under CLIA.

(b) Laboratories shall report the results of blood lead testing to the Department in accordance with N.J.A.C. 8:44-2.11.

(c) Facilities that perform blood lead testing using tests approved for waiver under CLIA shall report the results of blood lead testing to the Department in the same manner as laboratory supervisors in accordance with N.J.A.C. 8:44-2.11.

Amended by R.2019 d.006, effective January 7, 2019.
See: 50 N.J.R. 1526(a), 51 N.J.R. 83(a).
In (a), substituted "or to a facility that performs blood lead testing using tests approved for waiver under CLIA" for "as amended and supplemented"; in (b), deleted ", as amended and supplemented" following the N.J.A.C. reference; and added (c).

SUBCHAPTER 4. FOLLOW-UP OF LEAD SCREENING RESULTS

8:51A-4.1 Reporting of lead screening results

(a) Each physician, registered professional nurse, as appropriate, or health care facility that screens a child for elevated blood lead levels shall provide the parent or legal guardian with the results of the blood lead test and an explanation of the significance of the results.

(b) For each child who has a blood lead test, on a venous blood sample, greater than or equal to five micrograms per deciliter, the physician, registered professional nurse, as appropriate, or health care facility shall notify in writing, the child's parent or guardian of the test results and provide the parent or guardian with an explanation in plain language of the significance of the results.

Amended by R.2017 d.176, effective September 18, 2017.
See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).
In (a), inserted "elevated blood", and substituted "levels" for "poisoning"; and in (b), substituted "five" for "10".

8:51A-4.2 Medical follow-up of lead screening results

(a) Each physician, registered professional nurse, as appropriate, or health care facility that screens a child for elevated blood lead levels shall provide or make reasonable efforts to ensure the provision of risk reduction education and nutritional counseling for each child with a blood lead level equal to or greater than 5 μg/dL of whole blood.

(b) The physician, registered professional nurse, as appropriate, or health care facility shall obtain, or make reasonable efforts to obtain, a venous confirmatory blood lead test whenever a capillary blood lead screening sample produces a result greater than or equal to 5 µg/dL.

(c) For each child who has a blood lead level of 5 µg/dL or greater on a test performed with a venous blood sample, the physician, registered professional nurse, as appropriate, or health care facility shall provide, or make reasonable efforts to ensure, the provision of diagnostic evaluation, medical treatment, and follow-up blood lead testing in accordance with currently accepted medical guidelines.

(d) To the extent permitted by New Jersey law regarding patient confidentiality, the physician, registered professional nurse, as appropriate, or health care facility shall cooperate with local health departments by providing information needed to ensure case management and environmental follow-up as specified in N.J.A.C. 8:51.

(e) When a physician, registered professional nurse, as appropriate, or health care facility performs lead screening on a child and receives a result of 5 µg/dL or greater on a test performed with a venous blood sample, the physician, registered professional nurse, as appropriate, or health care facility shall perform lead screening of all siblings or other members of the same household who are at least six months and less than 72 months of age, if these children have not been screened previously, or are at high risk for lead exposure, as determined by a PEA performed in accordance with N.J.A.C. 8:51A-2.1.

Amended by R.2017 d.176, effective September 18, 2017.
See: 48 N.J.R. 2571(a), 49 N.J.R. 3219(a).

In (a), inserted "elevated blood", and substituted "levels" for "poisoning"; in (a), (b), (c), and (e), substituted "5 µg/dL" for "10 micrograms per deciliter (µg/dL)"; and in (e), substituted "at least" for "between" and "less than 72 months" for "six years".

Amended by R.2019 d.006, effective January 7, 2019.
See: 50 N.J.R. 1526(a), 51 N.J.R. 83(a).

In (d), deleted "Chapter XIII of the New Jersey State Sanitary Code," following "in", and deleted ", as amended and supplemented" following the N.J.A.C. reference.