

Montana Healthy Homes and Lead Poisoning Prevention Program
Home Visiting Brief Assessment Form

Date of Assessment: _____ Name of Assessor: _____

Site Name or ID: _____ House ID#: _____ Medicaid #: _____

Child Name: _____ Sex: Female: Male:
Race: White: AI: Other: Specify: _____

Street Address: _____ DOB: / /

City: _____ Zip Code: _____ County: _____

Parent/Guardian Name: _____ Phone Number: _____

Alternate Phone #: _____

1. Total number of occupants in the home _____

2. Type of home:

____ Single Family Dwelling

____ Multi-unit Dwelling

____ Manufactured Home

____ Other _____

3. Do you own or rent the home?

____ Own ____ Rent

4. How many years have you lived in the home? _____

Medical Information

1. Release Signed? Yes____ No____ Unknown____

2. Capillary test results: _____µg/dl Not done _____ If not, why? _____

3. Sample Number for Filter Paper Test: _____

4. What does the parent/guardian think may be a source of lead poisoning? _____ N/A_____

5. Referral to medical provider if blood lead level is > 0? Yes____ No____ Unknown____ N/A_____

6. Provider Name: _____

7. Provider Street Address/City/Zip: _____

Lead Assessment Questions

1. Age of Home? _____ Unknown _____

2. Evidence of peeling paint? Yes____ No____ Unknown____

3. History of elevated blood lead level (i.e. any time during life of person)? Yes____ No____ Unknown____
If yes, when (month/year)? _____
Any time since moving into current home? Yes____ No____ Unknown____
If yes, when (month/year)? _____

4. Does this child regularly visit a home built before 1978? Yes____ No____ Unknown____
If yes: Daycare____ Head Start____ Preschool____ Babysitter____ Relative/Friend____ Other____

5. Past history of lead contamination in the neighborhood or community? Yes____ No____ Unknown____

6. At the current time, do parent/guardian’s occupation or hobbies involve potential lead exposure, (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets, or lead fishing sinkers)?
a. Yes____ No____ Unknown____
b. List occupation or hobby that involves or exposes to lead_____

7. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?
Yes____ No____ Unknown____

8. Is the child a refugee or an adoptee from any foreign country? Yes____ No____ Unknown____
If yes, from what country? _____

9. Has this child traveled outside the U.S., other than to Canada?
Yes____ No____ Unknown____
If yes, country/countries _____
If yes, when? _____

10. At any time, has the child lived near a factory or other worksite where lead is used (for example, a lead smelter or a paint factory)?
Yes____ No____ Unknown____

Other referrals

1. Were any other referrals made? Yes____ No____
If so, what? Provider____ Lead XRF Assessment____ Other (explain)_____

Tobacco Questions

1. Do you allow smoking in your home? Yes____ No____ Unknown____

2. Do you allow smoking in your car? Yes____ No____ Unknown____

PROPOSED BLOOD LEAD TESTING

Please give this to the doctor to fill out at your next visit and ask him/her to give you a copy

Name: _____ Today's Date _____

Blood $\mu\text{g}/\text{dl}$	Time to Confirmation Testing	Date of My Child's Confirmatory Test and Test Result	Date for My Child's Next Test
5 – 9	1 – 3 months		
10 – 45	1 week – 1 month*		
45 – 59	48 hours		
60 – 69	24 hours		
≥ 70	Urgently as an emergency test		

*The higher the Blood Lead Level on the screening test, the more urgent the need for confirmatory testing.

Table adapted from: *Screening Young Children for Lead Poisoning Guidance for State and Local Public Health Officials*. Atlanta: CDC; 1997



Blood Lead Testing Protocol

Blood Lead Level (BLL) *	Medical/Case Management Recommendations	Completion Date
<1µg/dl	<ul style="list-style-type: none"> • Provide educational materials during the home visit. 	<input type="checkbox"/> _____
1.0–4.9µg/dl	<ul style="list-style-type: none"> • Provide educational materials during the home visit • Explain that there is no safe blood lead level • Explain child’s BLL result (from LeadCare II) & how to reduce exposure & absorption • Discuss wet cleaning • Refer to WIC Program • Provide information to parent about the availability of Lead Assessors; parent may contact, if interested • Upon receiving result of Filter Paper test, contact family & recommend follow-up venous testing with PCP. Follow-up testing can be done at next Well Child visit, or within 12 months, whichever occurs first 	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
5.0–14.9 µg/dl	<p>In addition to actions listed above:</p> <ul style="list-style-type: none"> • Schedule an appointment with provider to confirm Filter Paper test results via venous testing • Recommend provider take a medical, environmental & nutritional history; test for anemia & iron deficiency; assess neurologic, psychosocial & language development; screen all siblings under 6; & evaluate the risk of other family members (e.g. pregnant women) • Complete potential lead exposures questionnaire • Refer to local resources, as applicable, (WIC, Medicaid, Head Start, LIEAP, Weatherization, Human Resource Development Council, home remediation resources, etc.) • Recommendation: If the home visitor and the provider are not able to identify a likely potential source of lead exposure for the child, then refer the family to a Lead Assessor for more intensive environmental investigation of the home 	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
15.0-44.9µg/dl	<p>In addition to actions listed above:</p> <ul style="list-style-type: none"> • Contact HHLPPP at jcannon@mt.gov or 406-444-4592. (Contact should be made the same day as LeadCare II results are found.) • Refer to Children’s Special Health Services program at State of Montana’s DPHHS 	<input type="checkbox"/> _____ <input type="checkbox"/> _____
≥ 45.0µg/dl	<p>In addition to actions listed above:</p> <ul style="list-style-type: none"> • Refer to provider & confirm results by venous blood sample as soon as possible. A venous specimen will ensure therapy is based on current & reliable information • Contact HHLPPP at jcannon@mt.gov or 406-444-4592. (Contact should be made the same day as LeadCare II results are found.) • Chelation therapy may be indicated if venous testing confirms level 	<input type="checkbox"/> _____ <input type="checkbox"/> _____
> 70.0µg/dl	<ul style="list-style-type: none"> • Refer to provider immediately and if a same-day office visit cannot be schedule, then refer to Emergency Department so a venous specimen can be collected and tested as soon as possible. • Contact HHLPPP at jcannon@mt.gov or 406-444-4592. (Contact should be made the same day as LeadCare II results are found.) 	<input type="checkbox"/> _____ <input type="checkbox"/> _____

* The higher the BLL, the more urgent the need for confirmatory testing





Questions about lead to ask your medical provider

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What can we expect regarding follow up testing?

- a. When should we do the venous blood test and where?
- b. How often should my child be tested after the first venous test?

2

How does lead poisoning effect neurological development?

3

Does my child need a developmental assessment?

4

Does my child need a neurological assessment?

5

Does my child need a nutritional assessment?

6

Who else in my family needs to be tested for lead?

Tell the doctor if any of the following situations are true:

- a. Any child age 5 or younger who lives or spends significant time in this home who has not been tested
- b. The home is near a former lead mine site
- c. Member of the household works in housing renovation, rehabilitation or painting, construction, battery, auto-body repair, etc.
- d. The house has had renovation in the last 6 months and it was built before 1978.
- e. Anyone in the household is pregnant.
- f. Any child in the household has recently traveled outside the country
- g. Any child in the household is adopted from outside the U.S. or an immigrant

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Recommendations for resources?

- a. Home remediation
- b. Removal of lead poisoning source
- c. Developmental program
- d. Nutritional programs
- e. Other

