

Georgia Comprehensive Childhood Lead Poisoning Prevention Program (GHHLPPP) Case Management Guidelines

Blood Lead Level	Recommendations
< 3.5μg/dL	No safe threshold above "0" has been identified. Medical providers should provide anticipatory guidance for any blood lead level (BLL) above 0.
3.5 - 9μg/dL	 Per GHHLPPP recommendations, the medical provider will: Conduct diagnostic (confirmatory) test (venous preferred) within 3 months. If the child is < 12 months old or it is believed the BLL may be increasing rapidly, the test should be done earlier. Test other children in the home <72 months of age who have not been tested in the last 6 months. Conduct nutritional assessment Continue testing at 3-month intervals until all the following conditions are met: BLL has remained <3.5µg/dL for at least 6 months (two tests at least 3 months apart) Lead hazards have been controlled. There are no new sources of lead exposure
	 GHHLPPP or the Case Management Provider will send, by mail, email, or deliver the following information to the caregiver: The child should receive a diagnostic (confirmatory) test (venous preferred) within 3 months. Recommendation to have other children in the home <72 months of age who have not been tested in the last 6 months, tested.
	 GHHLPPP will refer the case to a DPH District Lead Coordinator The District Lead Coordinator or Case Management Provider will give inperson (or in some cases by phone, mail, or email) guidance to the caregiver: Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition. Information on WIC services available. Information on Children 1st Program (newborns to 5 years old) Information on Children's Medical Services (CMS) if the child is ≥5 years old The District Lead Coordinator will also: Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 2 weeks of receiving the referral from GHHLPPP.

10 - 44µg/dL

Per GHHLPPP recommendations, the **medical provider** will:

- Conduct diagnostic (confirmatory) test (venous preferred) within 1 week to 1 month
- Test other children in the home <72 months of age who have not been tested in the last 6 months.
- Conduct a comprehensive medical evaluation, including nutritional assessment
- Continue testing at 1–3-month intervals until all the following conditions are met:
 - \circ BLL has remained <3.5 μ g/dL for at least 6 months (two tests at least 3 months apart)
 - Lead hazards have been controlled,
 - o There are no new sources of lead exposure

GHHLPPP or the Case Management Provider will send, by mail, the following information to the caregiver:

- The child should receive a diagnostic (confirmatory) test (venous preferred) within 1 week to 1 month,
- Recommendation to have other children in the home <72 months of age who have not been tested in the last 6 months, tested.

GHHLPPP will refer the case to a DPH District Lead Coordinator

The District Lead Coordinator or the Case Management Provider will give inperson (or in some cases by phone, email, or mail) guidance to the caregiver:

- Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition.
- Information on WIC services available.
- Information on Children 1st Program (newborns to 5 years old)
- Information on Children's Medical Services (CMS) if the child is ≥5 years old

The District Lead Coordinator will also:

- Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 1-2 weeks of receiving the referral from GHHLPPP.
- Send by mail or email (or in some cases call) a summary of risk assessment and recommendations to the caregiver, property owner, and medical provider.
- Provide a copy of the risk assessment in approved format to GHHLPPP.

45 - 69µg/dL

URGENT

Per GHHLPPP recommendations, the **medical provider** will:

- Conduct diagnostic (confirmatory) test (venous preferred) within 24-48 hours.
- Test other children in the home <72 months of age who have not been tested in the last 6 months.

- Conduct a comprehensive medical evaluation, including nutrition assessment, and consider pharmacologic treatment. Contact the Georgia Poison Center for consultation. (1-800-222-1222)
- Continue testing at 1–2-month intervals until all the following conditions are met:
 - o BLL has remained <45 μ g/dL for at least 4 months (two tests at least 2 months apart), then start follow-up blood lead testing at 3-month intervals until BLL has remained <3.5 μ g/dL for at least 6 months (two tests at least 3 months apart).
 - All identified lead hazards have been controlled. Note: A child receiving chelation therapy MAY NOT return home until all lead hazards have been controlled.
 - o There are no new sources of lead exposure.

GHHLPPP or the Case Management Provider will give, by phone, the following recommendation to the caregiver:

- The child should receive a diagnostic (confirmatory) test (venous preferred) within 24-48 hours,
- Recommendation to have other children in the home <72 months of age who have not been tested in the last 6 months, tested.

GHHLPPP will refer the case to a District Lead Coordinator

The District Lead Coordinator or the Case Management Provider will give inperson (or in some cases by phone) guidance to the caregiver:

- Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition.
- Information on WIC services available.
- Information on Children 1st Program (newborns to 5 years old)
- Information on Children's Medical Services (CMS) if the child is ≥ 5 years old.

The District Lead Coordinator will also:

- Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 48 hours of receiving the referral from GHHLPPP.
- Call in a summary of risk assessment and recommendations to the caregiver, property owner, and medical provider.
- Provide a copy of the risk assessment in approved format to GHHLPPP.

> 70μg/dL

MEDICAL EMERGENCY.

DO NOT DELAY MEDICAL TREATMENT.

Per GHHLPPP recommendations, the **medical provider** will:

- Conduct a diagnostic (confirmatory) test (venous preferred) as an emergency lab test.
- Conduct immediate medical evaluation and pharmacologic treatment. Contact the Georgia Poison Center for consultation.

- Test other children in the home <72 months of age who have not been tested in the last 6 months.
- Continue testing at 1–2-month intervals until all the following conditions are met:
 - o BLL remains <45 μ g/dL for at least 4 months (two tests at least 2 months apart), then start follow-up blood lead testing at 3-month intervals until BLL has remained <3.5 μ g/dL for at least 6 months (two tests at least 3 months apart)
 - All identified lead hazards have been controlled. Note: A child receiving chelation therapy MAY NOT return home until all lead hazards have been controlled.
 - o There are no new sources of lead exposure.

GHHLPPP or the Case Management Provider will give, by phone, the following recommendation to the caregiver:

- The child should receive a diagnostic (confirmatory) test (venous preferred) immediately.
- Recommendation to have other children in the home <72 months of age who have not been tested in the last 6 months, tested.

GHHLPPP will refer the case to a District Lead Coordinator (DLC)

District Lead Coordinator or the Case Management Provider will give inperson (or in some cases by phone) guidance to the caregiver:

- Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition.
- Information on WIC services available.
- Information on Children 1st Program (newborns to 5 years old)
- Information on Children's Medical Services (CMS) if the child is \geq 5 years old

District Lead Coordinator will also:

- Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 24 hours of receiving referral from GHHLPPP.
- Call in a summary of risk assessment and recommendations to the caregiver, property owner, and medical provider.
- Provide a copy of the risk assessment in approved format to GHHLPPP.
- If the child must go to a different housing unit post chelation, RHHC will inspect the new unit for lead hazards and inform the medical provider that the home is lead safe before the child's release from the hospital.

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