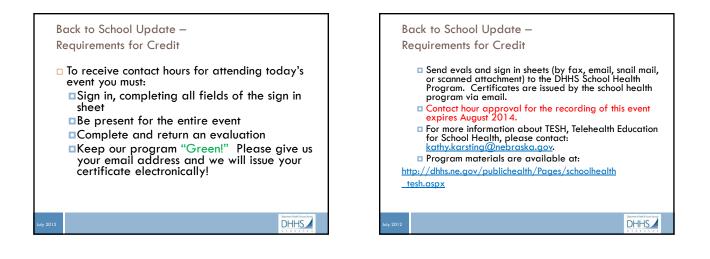
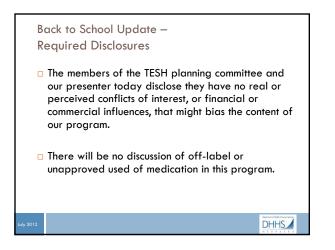
TESH: BACK TO SCHOOL UPDATE August 21, 2012

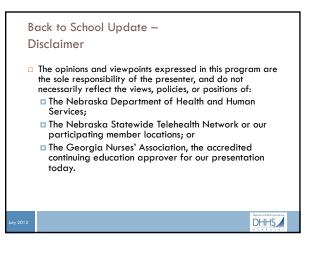
Sara Morgan Kathy Karsting Carol Tucker DHHS Division of Public Health

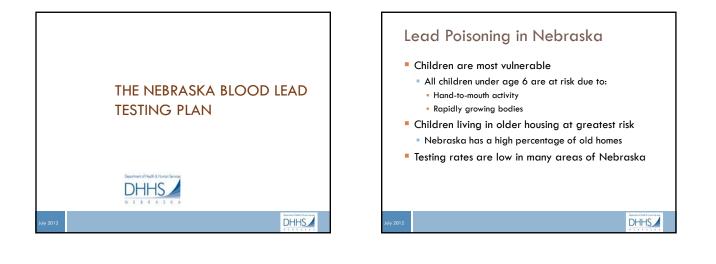
DHHS

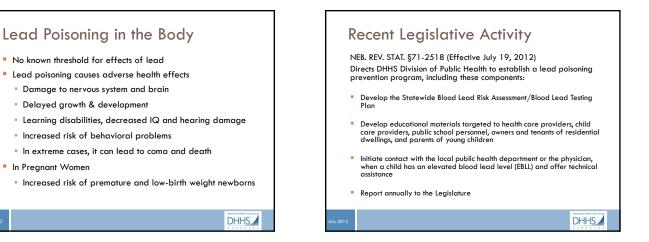


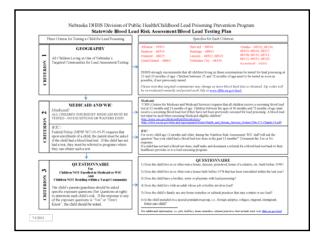


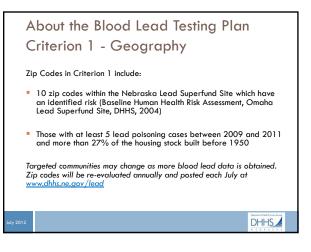


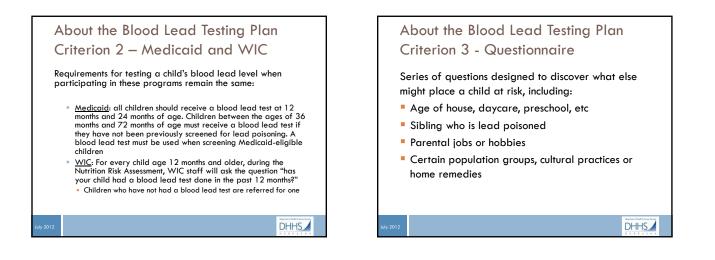




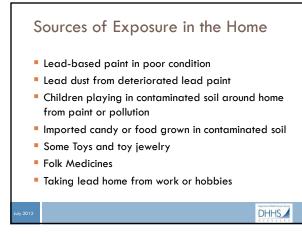


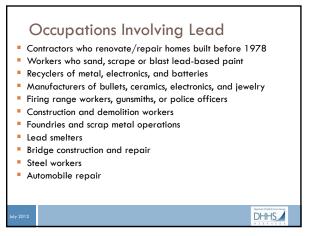








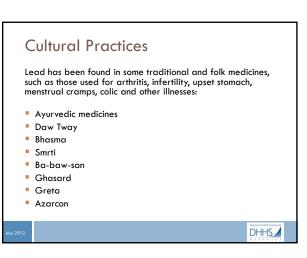




Hobbies Involving Lead

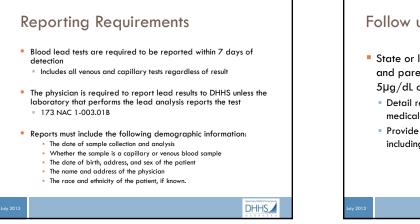
- Stained glass
- Fishing sinkers
- Computer electronics
- Automotive repair
- Reloading bullets
- Artistic painting and pottery glazing
- Soldering

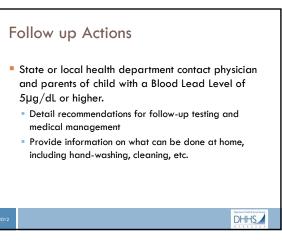
DHHS

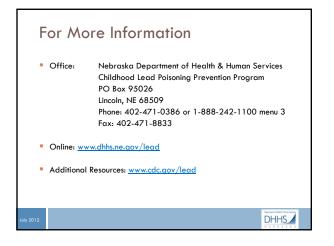


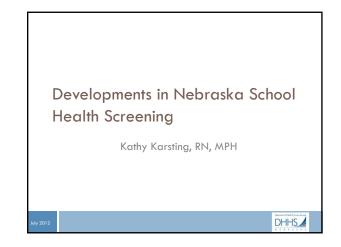
	CDC Recommended Schedule for Obtaining a Confirmatory Venous Sample			
	Screening test result ($\mu g/dL$)	Perform a confirmation test within:		
	10-19	3 months		
	20-44	1 week-1 month		
	45-59	48 hours		
	60-69	24 hours		
	> 70	Immediately as an emergency lab test		
• (lead reference value of 5 µg/dL mendations to change and be posted	in MMWR	

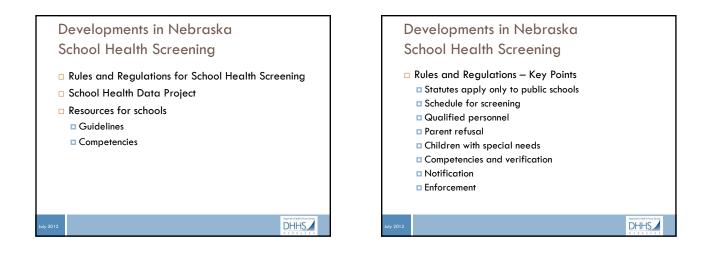
		vels
BLL (µg/dL)	Action	
10-14	Family lead education (dietary & environmental) Follow-up blood lead monitoring	
15-19	Family lead education (dietary & environmental) Follow-up blood lead monitoring	
	If BLLs persist or worsen, proceed according to actions for BLLs 20-44 Provide family lead education & follow-up blood lead monitoring	
20-44	Physical exam & complete medical/environmental/nutritional history Lab work: hemoglabin or hemocrit, iron status	
	Neurodevelopmental monitoring Environmental investigation & lead-hazard reduction	
	 Provide family lead education & follow-up blood lead monitoring 	
45-69	Physical exam & complete medical/environmental/nutritional history	
	 Lab work: hemoglobin or hemocrit, iron status, FEP or ZEP Environmental investigation & lead-hazard reduction 	
43-07	Neurodevelopmental monitoring	
	 Abdominal X-ray with bowel decontamination if indicated 	
	Chelation therapy	
	 Hospitalize child and commence chelation therapy 	
70 or higher	 Proceed according to actions for 45-69 µg/dL 	
 * Adapted fi http://www. 	rom CDC's "Managing Elevated Blood Lead Levels Among Young Children" cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm	
* Toble does	s not reflect CDC's new reference value of 5 µg/dL	

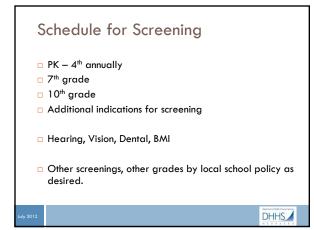


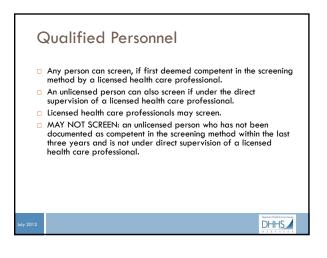










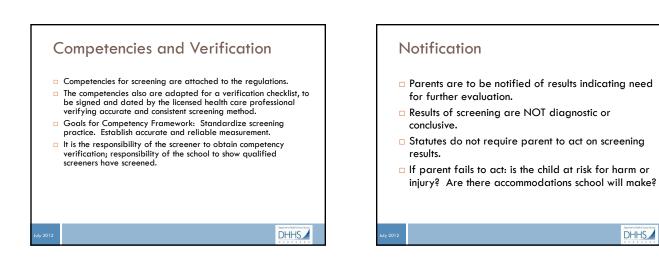


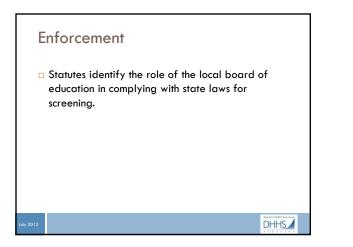
Parent Refusal

- The parent must provide documentation to the school that the student has been screened by a qualified medical professional.
- □ If the parent provides no such documentation, the child will be screened at school.
- RECOMMENDATION: review student handbooks and important information for parents to include this information.

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Children with Special Needs Children who cannot be screened by the usual method should not be overlooked in the screening method. Adapted screening methods at school can only be performed by licensed health care professionals. The school must show an effort to work with parent to obtain screening results by other means, likely from the child's personal health care provider with parent's assistance.







DHHS

School Health Data Project

- Year 1: BMI
- Year 2: Dental
- □ Year 3: Chronic Conditions
- Year 4: BMI + physical exam and visual eval compliance
- Year 5: Dental

DHHS

Guidelines Draft guidelines available now Review comments and suggestions needed Additional Resources:

- School Nurse screening methodology
- Competency assessment methodology

Right Now: Your Active Participation in Policy Development is Needed

- Review draft rules and regulations
- Provide information to school administration on impact for your school
- Make comments and recommendations via the public input process
- Prepare for planned change as indicated in your school's screening program and practices
- Differentiate nursing practice from screening.

DHHS