

Lead Assessment Home visitors should ask the risk assessment questions of the primary caretaker on the suggested schedule. For more information on when to ask see QA to Everyday Practice <https://www.healthyfamiliesnewyork.org/Staff/Documents/QA%20to%20Everyday%20Practice%202022-01-11.pdf>.

If the primary caretaker answers “yes” to any of the questions, the home visitors should tell the primary caretaker to bring this to the attention of the pediatrician or might want to call the physician directly to inform him/her of the result.

1. Does your child live in or regularly visit an older home/building with peeling or chipping paint, or with recent or ongoing renovation or remodeling? New York City banned lead-based paint for residential use in 1960. In 1977, the U.S. Consumer Product Safety Commission banned the use of lead-based paint in residential buildings. Older dwellings may have lead-based paint under new paint. Consider day care, preschool, school, and home of babysitter or relative. Ask if any move, repair, or renovation is planned and provide anticipatory guidance if needed. Children with Medicaid, those entering foster care, and recently arrived refugees are more likely to live in older, poorly maintained housing, and have higher rates of lead poisoning.

2. Has your child spent any time outside the U.S. in the past year? All foreign-born children should be tested upon arrival in the U.S., due to higher lead risk in many foreign countries. Lives in or regularly visits a house built before 1978 with recent, ongoing or planned renovation or remodeling?

3. Does your child have a brother/sister, housemate/playmate being followed or treated for lead poisoning?

4. Does your child eat non-food items (pica)? Does your child often put things in his/her mouth such as toys, jewelry, or keys? Children with developmental disabilities are at higher risk for pica. Product recall info: www.cpsc.gov

5. Does your child often come in contact with an adult whose job or hobby involves exposure to lead? E.g., house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, battery recycling, lead smelting, jewelry, stained glass or pottery making, fishing (weights), making or shooting firearms, or collecting lead or pewter figurines.)

6. Does your family use traditional medicine, health remedies, cosmetics, powders, spices, or food from other countries? Lead has been found in items such as: Ayurvedic medicines, alcohol, azarcon (alarcon, luiga, rueda, coral), greta, litargiro, ghasard, pay-loo-ah, bala goli, Daw Tway, Daw Kyin; in cosmetics such as kohl, surma, and sindoor; and in some candies and other products from Mexico. More information available at: <https://www.cdc.gov/nceh/lead/>

7. Does your family cook, store, or serve food in leaded crystal, pewter, or pottery from Asia or Latin America? Lead exposure risk from pottery is higher with: old, cracked/chipped, and painted china; low-fired or terra cotta pottery from Latin America or the Middle East. Also, imported samovars, urns, and kettles could be soldered with lead.

If the answer to any of the above questions is **YES**, then the child is considered to be at risk of high dose lead exposure and should be screened with a blood test by his/her medical provider.

TC-7. Assessed positive or negative: ☐ Positive ☐ Negative **enter result in the corresponding FU form in MIS.**