should carefully evaluate the source of the toy (manufacturer) or item the child may play with and not assume it is safe because it is sold in a United States market. The US Consumer Product Safety Commission (http://www.cpsc.gov) is an excellent resource for parents and caregivers concerned about the safety of a given toy or product that may be harmful.

Screening for Lead Poisoning

When primary prevention fails, secondary prevention screening efforts for elevated BLLs can identify children much earlier than in the past. This need is established using BLL surveillance and other risk factor data collected over time to establish the status and risk of children throughout the state. Universal screening should be done at 1 and 2 years old. Any child between 3 and 6 years old who has not been previously screened should also be tested. All children with risk factors should be screened more often.

Targeted screening is acceptable when an area has been determined by existing data to have less risk. Children should be screened when they live in a high-risk geographic area or are members of a group determined to be at risk (e.g., Medicaid recipients) or if their family cannot answer "no" to the following personal risk questions:

- Does your child live in or regularly visit a house that was built before 1950?
- Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovations or remodeling within the past 6 months?
- Does your child have a sibling or playmate who has or had lead poisoning?

Therapeutic Management

The degree of concern, urgency, and need for medical intervention change as the lead level increases. Education is one of the most important elements of the treatment process. Areas that the nurse needs to discuss with the family of every child who has an elevated BLL (≥5 mcg/dl) include the following (Centers for Disease Control and Prevention Advisory Committee on Childhood Lead Poisoning Prevention, 2012):