# Table of Contents

**Mississippi Targeted Lead Screening Plan**

I. Introduction/Purpose ................................................................. 2  
II. Background ................................................................. 2  
III. Risk Factors-Causes of Lead Poisoning in Children .......... 3  
IV. Lead Poisoning in Mississippi ............................................. 5  
V. Lead Screening Process ...................................................... 8  
VI. Reporting Requirements .................................................. 9  
VII. References ................................................................. 11  
Appendix A: Guidelines for Questions to Ask Regarding a Child’s Environmental History 12  
Appendix B: Blood Lead Screening and Healthy Homes Summary .......... 13  
Appendix C: Reporting Card ................................................... 15  
Appendix D: Lead Fact Sheet ................................................... 16  
Appendix E: Myths vs. Fact Sheet .............................................. 20  
Appendix F: Creating a Safe and Healthy Home Checklist .......... 22  
Appendix G: Lead Poisoning and Healthy Home Tips .......... 24
I. Introduction and Purpose

The goal of lead screening is to identify children who have been exposed to lead, provide appropriate interventions and reduce the risk of exposure. If an elevated blood lead level (EBLL) is detected, the nature of care and the frequency of follow-up testing vary with the patient’s age and the blood lead level (BLL). Whatever the age, people with EBLLs (or their parents) should be educated about lead poisoning and what they can do. The single most important factor in managing childhood lead poisoning is identifying and reducing the child’s exposure to lead.

The Mississippi Lead Poisoning Prevention and Healthy Homes Screening Plan was developed to support the efforts of the United States Department of Health and Human Services (Healthy People 2020) to reduce blood lead levels in children.

II. Background

Lead is an element and occurs naturally, but blood lead concentrations measured in micrograms per deciliter (µg/dL) are quite low in the absence of industrial activities. In the United States, there were historically two major sources of industrially derived lead for children: airborne lead, mostly from the combustion of gasoline containing tetraethyl lead; and leaded chips and dust, mostly from deteriorating lead paint. Both contribute to soil lead. A steep decrease in exposure to airborne lead in the United States has occurred since 1980. Federal legislation in the 1970s removed lead from gasoline and decreased smokestack emissions from smelters and other sources, causing blood lead concentrations in children to decrease. In the 1970’s the US Consumer Product Safety Commission ruled paint for homes could contain no more than .06% lead by dry weight which is a significant decrease from 50% lead prior to the 1950’s.

According to the Centers for Disease Control and Prevention (CDC), at least 4 million households have children living in them that are being exposed to high levels of lead. There are approximately half a million U.S. children age 1-5 with blood lead levels above 5 micrograms per deciliter (µg/dL), the reference level at which the CDC recommends public health actions be initiated.

No safe blood lead level in children has been identified. Lead exposure can affect nearly every system in the body. Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death. If a child is exposed to neurotoxins such as lead, the resulting loss of intelligence or behavioral problems can be irreversible. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. The only way to diagnose lead poisoning is via blood lead levels. Many studies point to a link between BLLs ≥5 µg/dL and harmful health effects, in particular learning disabilities and behavior problems. Although concentrations have decreased in all children, some disadvantaged children continue to have higher blood lead concentrations. Airborne lead should no longer be a source of community exposure in the United States, but individual counties sometimes still exceed airborne lead regulations, and continued vigilance is warranted. Individual children may still be exposed to airborne lead in fumes or respirable dust resulting from sanding or heating old paint, burning or melting automobile batteries, or melting lead for use in a hobby or craft. 1
Because there is no apparent threshold below which adverse effects of lead do not occur, EBLL must be defined arbitrarily. This document uses the 2012 CDC definition that defines a reference level of $5\mu g/dL$ to identify children with blood lead levels that are much higher than most children’s levels. This reference value is based on the 97.5th percentile of the National Health and Nutrition Examination Survey (NHANES) blood lead distribution in children. Although the BLL at which particular elements of care coordination will be initiated is variable, education and follow-up BLL monitoring should be available for any child who has a confirmed BLL $\geq 5\mu g/dL$. Home visit and environmental investigation is available to any child with a venous BLL $\geq 15\mu g/dL$. Because lead exposure might change with a child's developmental progress (e.g., walking or reaching window sills) or as a result of external factors (e.g., family relocation or home remodeling), two routine screenings are recommended (at approximately ages 1 and 2 years). \(^{(2)}\)

III. Risk Factors

The program defines populations at high-risk for EBLLs as Medicaid-enrolled or Medicaid-eligible children, children whose parents answer “yes” or “don’t know” to questions on the CDC risk questionnaire, pregnant women, and children over age six with lead elevations ($\geq 15\mu g/dL$) requiring medical management. Blood lead screening is required under Medicaid’s Cool Kids Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Even though tests are a federally required component of EPSDT visits, the testing rate is low even for EPSDT eligible children. According to the Mississippi Lead Poisoning Prevention and Healthy Homes Program and the Mississippi Division of Medicaid, from 2010-2015 there were 1,176,054 Medicaid-eligible children in the state but only 15% were screened for lead poisoning.

Sources and Pathways of Lead Exposure in Children

The source of most lead poisoning in children is dust and chips from deteriorating lead paint on interior and exterior surfaces. Children who developed lead encephalopathy with blood lead concentrations more than $100\mu g/dL$ often had chips of lead paint visible on abdominal plain films. Children who live in homes with deteriorating lead paint, however, can achieve blood lead concentrations of $\geq 20\mu g/dL$ without frank pica. Lead based paint was no longer used on interior surfaces in the United States by the mid-1970s. However, in 1998, of the 16.4 million US homes with one or more children younger than 6 years, 25% still had significant amounts of lead-contaminated deteriorated paint, dust, or adjacent bare soil (“lead hazard”). Dust and soil are also a final resting place for airborne lead from gasoline and dust from paint. Lead in dust and soil can recontaminate cleaned houses and contribute to elevating blood lead concentrations in children who play on bare, contaminated soil. \(^{(1)}\)

Lead Based Paint A common source of high-dose lead exposure to young children is deteriorated paint found in older homes. Lead paint is found most commonly in pre-1950 homes. \(^{(3)}\)

Soil and house dust Dust contaminated by deteriorated paint, leaded gasoline and industry emissions may contain high
concentrations of lead. Soil containing lead is found near the foundations of homes and near major roads. Contaminated dust is common on floors and windowsills and troughs. (3)

Most homes with lead-based paint and the original window components have hazardous levels of lead dust on windowsills and troughs. Homes with exterior lead-based paint often have hazardous levels of lead dust on surfaces near the home, such as porch floors and windowsills, railing caps and outside steps.

**Other Potential Exposure Hazards:**

**Vinyl miniblinds** Those manufactured prior to 1997 may contain lead as a stabilizing agent. Exposure to ultra-violet light deteriorates the vinyl, causing lead-contaminated dust to accumulate on the surface of the blinds. Surfaces that have been under or near these blinds, such as windowsills, furniture, toys and carpet, often have hazardous levels of lead dust.

**Drinking water** Lead pipes or copper plumbing connected with lead solder may contaminate water.

**Food** Some imported canned foods contain lead, as do foods served from leaded crystal or ceramic dishes with lead-containing glaze.

**Air** Emissions from active lead smelters and other lead-related industry may be sources of lead contamination.

**Occupations and hobbies** Workers may bring home lead-contaminated dust on their clothing, or via lead scrap materials. Hobbies such as reloading or casting ammunition, making stained glass, pottery, fishing weights and jewelry are common sources of lead.

**Pottery** Traditional pottery imported from Mexico or other countries may be improperly glazed, and the glaze used to make the pottery may contain large amounts of lead. Lead can leach out of this type of pottery if it is used to hold or store foods.

**Medicines** Lead has been found in some traditional (folk) medicines used by Indian, Middle Eastern, West Asian and Hispanic Cultures. Folk medicines can contain herbs, minerals, metals, or animal products. Lead and other heavy metals are put into certain folk medicines because these metals are thought to be useful in treating ailments. Sometimes lead accidentally gets into folk medicine during grinding, coloring, or from the package. Azarcon (also known as Rueda, Coral, Maria Luisa, Alarcon or Liga) and Greta are remedies imported from Mexico that contain 90 to 100 percent lead by weight. Any amount of these products is poisonous to children or adults. Azarcon is a bright orange powder; Greta is a yellow powder. Both are used to treat “Empacho” (intestinal illness). Children who are given these powders are actually ingesting lead, and they may develop the same symptoms that these medicines are intended to treat. Paylooa is a red powder that contains high levels of lead. Paylooa is used by some in the Hmong community to treat rash or fever. Lead has also been found in some Chinese herbal medications.
Cosmetics Another source of lead may be eye cosmetics called Surma or Kohl, which are used by some Indian, African and Middle Eastern immigrants. Lead has also been found in aphrodisiacs imported from India and Africa.

Candy Some candies imported from Mexico have high lead content. Candy contaminated with lead may be due to wrappers printed with lead containing ink, candy ingredients such as lead contaminated chilies, glaze on small clay pots and lead contaminants from pesticides, fertilizers, or dirt.

Toys UNC-Asheville studies demonstrate the presence of both lead and cadmium in soft vinyl children's toys. Studies found that as soft vinyl toys age, through exposure to light and chewing, they release lead and cadmium dust. This was especially true in soft vinyl toys imported from Asia. Highest levels of cadmium were found in toys, soft lunchboxes and rainwear that were bright yellow. Like lead, cadmium is highly toxic to children.

Jewelry Some types of metal jewelry contain high levels of lead. This metal jewelry, attractive to children, is often found in vending machines at cosmetic or costume jewelry counters, and in toy departments.

Keys Car keys, post office box keys, and house keys all have lead in them.

Electrical cords Lead is usually present in the vinyl covering of all electrical cords especially the large orange electrical cords.

IV. Lead Poisoning in Mississippi

Mississippi Specific Screening Results

According to data collected and analyzed by the Mississippi Lead Poisoning Prevention and Healthy Homes Program (MSLPPHHP), 263,541 children were tested for elevated blood lead levels (BLLs) from 2010-2015. Of the total number of children tested, 2,303 had BLLs at or above the reference value of 5 μg/dL and 285 had BLLs ≥15 μg/dL. Children tested with BLLs between 5 and 14 μg/dL will require ongoing blood lead monitoring and prevention education from health care providers and public health agencies.
<table>
<thead>
<tr>
<th>Year</th>
<th>Total Children Tested</th>
<th>Children Less Than Six Years Old</th>
<th>Percentage of Children Tested</th>
<th>5-9 µg/dL</th>
<th>10-14 µg/dL</th>
<th>15-19 µg/dL</th>
<th>20-44 µg/dL</th>
<th>45-69 µg/dL</th>
<th>&gt;=70 µg/dL</th>
<th>Grand Total</th>
<th>Percentage of Children with Blood Lead Level &gt;=5 µg/dL Among Children Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>47,800</td>
<td>242,345</td>
<td>19.72%</td>
<td>481</td>
<td>103</td>
<td>31</td>
<td>30</td>
<td>2</td>
<td>1</td>
<td>648</td>
<td>1.36%</td>
</tr>
<tr>
<td>2011</td>
<td>41,549</td>
<td>250,997</td>
<td>16.55%</td>
<td>274</td>
<td>69</td>
<td>32</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>403</td>
<td>0.97%</td>
</tr>
<tr>
<td>2012</td>
<td>42,623</td>
<td>247,761</td>
<td>17.20%</td>
<td>248</td>
<td>76</td>
<td>32</td>
<td>25</td>
<td>2</td>
<td>0</td>
<td>383</td>
<td>0.90%</td>
</tr>
<tr>
<td>2013</td>
<td>43,401</td>
<td>240,036</td>
<td>18.08%</td>
<td>223</td>
<td>67</td>
<td>17</td>
<td>20</td>
<td>1</td>
<td>0</td>
<td>328</td>
<td>0.76%</td>
</tr>
<tr>
<td>2014</td>
<td>46,101</td>
<td>234,738</td>
<td>19.64%</td>
<td>217</td>
<td>59</td>
<td>13</td>
<td>17</td>
<td>2</td>
<td>0</td>
<td>308</td>
<td>0.67%</td>
</tr>
<tr>
<td>2015</td>
<td>42,067</td>
<td>231,834</td>
<td>18.15%</td>
<td>142</td>
<td>57</td>
<td>22</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>233</td>
<td>0.55%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, MSLPPHHP STELLAR Database

**Areas with Increased Risk**

In Mississippi, since current screening data alone has significant limitations, the MSLPPHHP is utilizing a multi-source, risk-based approach to target regions of the state with conditions that historically place children at increased risk. CDC recommends that locally (State) developed targeted risk assessment and blood lead screening strategies be applied at ages 1 and 2 years. (2)

While the following sections of this document describe housing conditions that heighten risk in some areas of Mississippi, it should be noted that there is no known safe blood lead level for children. Until substantial data disprove the need, all children (families) statewide should receive a risk based assessment and screening as indicated.

Counties were selected using best-available data and information with known limitations. All clinicians regardless of geographic area of residence or perceived community affluence should carefully evaluate each child’s risk. Neither poverty nor environmental risks associated with housing are unique to the targeted counties.

**Selected Counties with Increased Risk**

In 2016, MSDH identified 23 high risk areas (Adams, Calhoun, Claiborne, Coahoma, Copiah, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jefferson Davis, Jones, Lauderdale, Leflore, Pike, Quitman, Sharkey, Sunflower, Warren, Washington, Webster, and Yazoo) for lead poisoning based on a combination of the following factors:
- Higher percentage of pre-1979 housing
- Higher percentage of poverty population
- Higher percentage of children with EBLL from most recent data 2013-2015
- Higher number of children with EBLL from most recent data 2013-2015
- Lower percentage of children tested for lead
Given the significant risk factors associated with poverty and environment (housing), many children throughout the state are at risk for lead poisoning. The fact that some counties with increased risk factors are targeted does not eliminate or even reduce the necessity of diligent risk assessment and screening of children statewide.

**Focusing on Risks (Housing)**

An estimated 4.1 million homes in the United States have a lead-based paint hazard. Estimates are higher for homes in the Northeast and Midwest and for homes in which young children reside. Despite considerable attention and resources from federal, state, and local agencies and advocacy groups, publicly available funding has not been able to provide sufficient resources to eliminate all lead paint hazards from U.S. homes. (2)

Table 2 illustrates the age of housing stock in Mississippi’s targeted counties. The total column in Table 2 represents the total number of occupied housing units in each county. The last column in the table represents the percent of total owner and renter occupied units out of the total number of housing units built prior to 1979.

<table>
<thead>
<tr>
<th>County</th>
<th>Pre-1979 Owner</th>
<th>Pre-1979 Renter</th>
<th>Pre-1979 Total owner + renter</th>
<th>Total Housing Units</th>
<th>% of total housing units Pre-1979</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>5691</td>
<td>3460</td>
<td>9151</td>
<td>12081</td>
<td>75.7</td>
</tr>
<tr>
<td>Coahoma</td>
<td>3544</td>
<td>2804</td>
<td>6348</td>
<td>9350</td>
<td>67.9</td>
</tr>
<tr>
<td>Harrison</td>
<td>17862</td>
<td>11046</td>
<td>28908</td>
<td>74369</td>
<td>38.9</td>
</tr>
<tr>
<td>Hinds</td>
<td>32468</td>
<td>21890</td>
<td>54358</td>
<td>88321</td>
<td>61.5</td>
</tr>
<tr>
<td>Holmes</td>
<td>2142</td>
<td>1029</td>
<td>3171</td>
<td>6396</td>
<td>49.6</td>
</tr>
<tr>
<td>Humphreys</td>
<td>1113</td>
<td>772</td>
<td>1885</td>
<td>3051</td>
<td>61.8</td>
</tr>
<tr>
<td>Jackson</td>
<td>17965</td>
<td>6953</td>
<td>24918</td>
<td>50388</td>
<td>49.5</td>
</tr>
<tr>
<td>Jones</td>
<td>8678</td>
<td>3909</td>
<td>12587</td>
<td>24352</td>
<td>51.7</td>
</tr>
<tr>
<td>Lauderdale</td>
<td>9997</td>
<td>6460</td>
<td>16457</td>
<td>29662</td>
<td>55.5</td>
</tr>
<tr>
<td>Leflore</td>
<td>3993</td>
<td>2949</td>
<td>6942</td>
<td>10891</td>
<td>63.7</td>
</tr>
<tr>
<td>Pike</td>
<td>5060</td>
<td>2579</td>
<td>7639</td>
<td>14809</td>
<td>51.6</td>
</tr>
<tr>
<td>Sunflower</td>
<td>3256</td>
<td>2151</td>
<td>5407</td>
<td>8451</td>
<td>64.0</td>
</tr>
<tr>
<td>Washington</td>
<td>7393</td>
<td>5317</td>
<td>12710</td>
<td>18383</td>
<td>69.1</td>
</tr>
<tr>
<td>Yazoo</td>
<td>2569</td>
<td>1818</td>
<td>4387</td>
<td>8552</td>
<td>51.3</td>
</tr>
<tr>
<td>Calhoun</td>
<td>2622</td>
<td>1031</td>
<td>3653</td>
<td>5913</td>
<td>61.8</td>
</tr>
<tr>
<td>Claiborne</td>
<td>1188</td>
<td>637</td>
<td>1825</td>
<td>3163</td>
<td>57.7</td>
</tr>
<tr>
<td>Issaquena</td>
<td>143</td>
<td>110</td>
<td>253</td>
<td>427</td>
<td>59.3</td>
</tr>
<tr>
<td>Jefferson Davis</td>
<td>1912</td>
<td>521</td>
<td>2433</td>
<td>4947</td>
<td>49.2</td>
</tr>
<tr>
<td>Sharkey</td>
<td>720</td>
<td>502</td>
<td>1222</td>
<td>1798</td>
<td>68.0</td>
</tr>
<tr>
<td>Warren</td>
<td>6422</td>
<td>4160</td>
<td>10582</td>
<td>18367</td>
<td>57.6</td>
</tr>
<tr>
<td>Quitman</td>
<td>1347</td>
<td>477</td>
<td>1824</td>
<td>3092</td>
<td>59.0</td>
</tr>
<tr>
<td>Copiah</td>
<td>3469</td>
<td>1675</td>
<td>5144</td>
<td>10004</td>
<td>51.4</td>
</tr>
<tr>
<td>Webster</td>
<td>1467</td>
<td>612</td>
<td>2079</td>
<td>4085</td>
<td>50.9</td>
</tr>
<tr>
<td>MS Percent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45.8</td>
</tr>
</tbody>
</table>

*Source: 2010-2014 American Community Survey 5-year Estimates*
According to the American Community Survey, 2010-2014, there were approximately 1,092,627 occupied housing units in Mississippi. Of this number 501,312 or 46% were constructed earlier than 1979. Housing constructed before 1979 has some potential to have paint, either interior or exterior, that contains significant quantities of lead.

Paint on poorly maintained interior or exterior surfaces in older homes poses an ongoing and significant risk to young children. Outdoor areas adjacent to homes with deteriorating paint where children often play (right) as well as indoor areas such as windows sills that toddlers often mouth or frequently touch (below) increase exposure risk.

V. Lead Screening Process

Assessment of risk (utilizing the MSDH Risk Assessment Questionnaire Appendix B): (1) assess children at risk for lead exposure, (2) administer the questionnaire to children during their well-child visit and on occasions when there are changes in the child’s environment or community and (3) provide counseling on lead exposure and healthy homes based on the outcome of the questionnaire.

Screening: Blood lead measurement is the only method of screening. A venous specimen is preferred, although capillary samples are acceptable.

According to current Medicaid guidelines, Medicaid recipients or Medicaid eligible children should be screened routinely at 12 and 24 months and at any time risk factors are identified (see Blood Lead Screening and Healthy Homes Summary, Appendix B). Any child between 6-72 months, whose parent answered “yes or don’t know” to any questions on the risk assessment questionnaire, should be screened. Particular attention should be given to children exposed to folk remedies, immigrant children, children who are abused, neglected, and malnourished or who practice pica.

Schedule for BLL screening:
- Routinely, at 12 and 24 months (12 months between samples).
- At any time between 36-72 months if not previously screened.
- At anytime between age 6-72 months if risk assessment indicates possible exposure.
- Annually (6-72 months) with risk factors or/and BLL ≥5 µg/dL.
- Anytime when medically indicated in work-up of some unexplained illnesses (example: severe anemia, seizures, lethargy, abdominal pain).
VI. State of Mississippi Reporting Requirements

**Lead Poisoning is considered a Class 2 and Class 3 reportable disease.**

MSDH and the Division of Medicaid require reporting of all venous blood lead levels ≥5 μg/dL to the Mississippi Lead Poisoning Prevention and Healthy Homes Program (MSLPPHHP) at MSDH Central Office (601-576-7447) within one week of diagnosis (Class 2). Laboratories should report all blood lead test results within one week of completion (Class 3). For venous BLLs ≥15 μg/dL, the MSLPPHHP Manager will coordinate the investigation with the environmentalist.

**Medicaid Cool Kids (EPSDT)**
The Centers for Medicare and Medicaid Services (CMS) mandates lead testing of Medicaid children. BLLs are done at 12 and 24 months. All children 24-72 months who have not previously been tested must also receive a blood lead test. There is no waiver to this requirement at this time. Mississippi Medicaid follows CMS as well as the CDC’s recommendations. Lead testing of Medicaid children is a mandatory screening component of the Cool Kids (EPSDT) preventive health program. Mississippi Medicaid partners with the MSLPPHHP to set lead testing guidelines, enforce lead testing policy, conduct care coordination and follow-up, and provide outreach and education activities statewide to high risk populations.

Providers that utilize an in-house lead analyzer must follow standard laboratory reporting requirements and report all lead results to the Mississippi State Department of Health (MSDH) Lead Poisoning Prevention and Healthy Homes Program at 601-576-7447. For more information visit the MSDH website at [www.msdh.state.ms.us](http://www.msdh.state.ms.us).

**Procedure for Reporting**

The information listed below is required for lead surveillance and to ensure an environmental assessment is done. The information can be transmitted in any of the two ways:

1. Complete a *Reportable Disease and Conditions Card*, Form #135 *(Appendix B)* and mail it to the address given.
2. Call the Lead Poisoning Prevention and Healthy Homes Program 601-576-7447 or Fax: 601-576-7498

**Required Data:**
- Patient’s name*
- Address (including zip code)*
- Date of birth*
- Phone number*
- Type of specimen (venous or capillary)*
- Date of test*
- Results (μg/dL)*
- Social Security number
- Medicaid number
- Parent/guardian name*
Private insurance
Name of clinic where specimen was drawn*
Clinic address
Clinic phone number*
Clinic contact person for lead screening

All information is critical to statewide data collection, but items with an asterisk (*) are crucial to entering the child into the database and arranging for an environmental assessment.
VII. References


Appendix A

Guidelines for Questions to Ask Regarding a Child’s Environmental History

Paint and soil exposure

- What is the age and general condition of the residence?
- Is there evidence of chewed or peeling paint on woodwork, furniture, or toys?
- How long has the family lived at that residence?
- Have there been recent renovations or repairs in the house?
- Are there other sites where the child spends significant amounts of time?
- What is the character of indoor play areas?
- Do outdoor play areas contain bare soil that may be contaminated?
- How does the family attempt to control dust/dirt?

Relevant behavioral characteristics of the child

- To what degree does the child exhibit hand-to-mouth activity?
- Does the child exhibit pica?
- Are the child’s hands washed before meals and snacks?

Exposures to and behaviors of household members

- What are the occupations of adult household members?
- What are the hobbies of household members? (Fishing, working with ceramics or stained glass, and hunting are examples of hobbies that involve risk for lead exposure.)
- Are painted materials or unusual materials burned in household fireplaces?

Miscellaneous questions

- Does the home contain vinyl mini-blinds made overseas and purchased before 1997?
- Does the child receive or have access to imported food, cosmetics, or folk remedies?
- Is food prepared or stored in imported pottery or metal vessels?

http://www.cdc.gov/nceh/lead/casemanagement/managingEBLLs.pdf
# Blood Lead Screening and Healthy Homes Summary

Serve all children between the ages of 6 and 72 months at each well-child visit using the Risk Assessment and Healthy Homes Questionnaire below.

**Risk Assessment and Healthy Homes Questionnaire**

- Consider the child high risk with a "yes" or "don't know" answer to questions 1-7.
- Questions 8-11 pertain to Healthy Housing status and will help determine if there are hazards inside the child's home that may affect his/her health.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child live in or visit a home, daycare, or other building built before 1950?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Does your child spend at least six hours a week at a home, daycare, or other building built before 1978 with recent, ongoing or planned remodeling?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Does your child have a family member or friend who has or did have an elevated blood lead level?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Does your child frequently come in contact with an adult who works with lead?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Example: construction, welding, painting, radiator repair, metal recycling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you seen your child chewing or touching painted surfaces (i.e. window sills, door frames), keys, electrical cords, jewelry, vinyl (plastic) miniblinds or bars soft outside near the house?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Do you give your child any home or folk remedies which may contain lead?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Example: Greta or Azarcon (Hispisca), pay-loo-ah (SE Asia), and ayurvedic medications (India)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does your child drink well water?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Does your home have a smoke alarm?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Does your home have a carbon monoxide detector?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Are there signs of water leakage in your home (mold and mildew)?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Has your child been diagnosed with autism by a primary care provider?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

## Blood Lead Levels

<table>
<thead>
<tr>
<th>Initial specimen drawn</th>
<th>Date and Signature</th>
<th>Level</th>
<th>Dates and Initial</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify cap. or venous</td>
<td></td>
<td>Lead Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmatory venous</td>
<td></td>
<td>Nutritional Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen drawn</td>
<td></td>
<td>Lead Hazard Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeat venous Specimen drawn</td>
<td></td>
<td>Nursing/Social Work House Visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeat venous Specimen drawn</td>
<td></td>
<td>Referral to Environmentalist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeat venous Specimen drawn</td>
<td></td>
<td>Environmental Inspection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeat venous Specimen drawn</td>
<td></td>
<td>Referral for Clinical Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeat venous Specimen drawn</td>
<td></td>
<td>Referral for Developmental Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resumen de la Evaluación de Hogares Saludables y de la Detección de Plomo en la Sangre

En cada visita, haga la prueba a todos los niños que tengan edades entre 6 y 72 meses, usando el Cuestionario para Evaluación de Hogares Saludables y de Plomo, que está en la parte inferior.

Cuestionario sobre Hogares Saludables y sobre la Evaluación de Riesgo *Si responde ‘Sí’ o ‘No’ se a 1 a 7, de considera que el niño está en alto riesgo.

Las preguntas 8-11 se refieren a temas de Hogares Saludables y van a ayudar a determinar si hay riesgos en la casa del niño que pueden afectar su salud.

<table>
<thead>
<tr>
<th>Nombre de Niño</th>
<th>Fecha de Nacimiento</th>
<th>Fecha</th>
<th>Fecha</th>
<th>Fecha</th>
<th>Fecha</th>
<th>Fecha</th>
<th>Fecha</th>
<th>Fecha</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sí</td>
<td>No</td>
<td>Sí</td>
<td>No</td>
<td>Sí</td>
<td>No</td>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>¿Su niño vive o visita una casa, guardería, u otro edificio construido antes de 1950?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>¿Ha sido por lo menos una vez por semana en sus casas, puertas, o cerca Habitante en este período del año de 1975 al 1980?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td>¿Tiene su niño un miembro de su familia o una amistad cerca que tiene o tuvo niveles de plomo elevados en la sangre?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>¿Esta su niño frecuentemente en contacto con un adulto que trabaja con plomo? Ejemplos: construcción, soldadura, pintando, reparaciones de radiadores, reciclado metal?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5.</td>
<td>¿Ha visto usted a su niño poner la boca o tocar superficies pintadas (marcas de ventiladores, marcos de puertas), llaves, cortinas eléctricas, joyería, viento (plástico), guantes para niños o en la tierra a Feria de su casa?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>¿Le ha usted a su niño algunas remediaciones caseras que pueda contener plomo? Ejemplos: Greta o Azarcon (Hispanic), pay-lao-ah (Asia SE), y medicamentos ayurvedas (India)?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>¿Toma su niño agua de un pozo?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>¿Tiene su casa detector de humo?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>¿Tiene su casa un detector de monóxido de carbono?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>¿Hay señales de infiltraciones de agua en su casa (puertas)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>¿Ha sido su niño diagnosticado con asma por su proveedor de cuidados de salud primario?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Niveles de Plomo en la Sangre

<table>
<thead>
<tr>
<th>Fecha y Firm</th>
<th>Nivel</th>
<th>Fecha e Iniciales</th>
<th>Comentarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muestra inicial extraída - Específica caso o venosa</td>
<td>Educación sobre el plomo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracción continuadora de muestra venosa</td>
<td>Consejería Nutricional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracción repetida de muestra venosa</td>
<td>Prevención de los Riesgos del Plomo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracción repetida de muestra venosa</td>
<td>Vía al lugar por Asistencia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracción repetida de muestra venosa</td>
<td>Refrendo al Ambientalista</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracción repetida de muestra venosa</td>
<td>Inspección medioambiental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracción repetida de muestra venosa</td>
<td>Referido para Manejo Chico</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracción repetida de muestra venosa</td>
<td>Referido para evaluación del desarrollo</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mississippi State Department of Health
Revised 6/16/16
Forma No. 222
Appendix C

Please do NOT email the Case Report Card

Reportable Diseases and Conditions

<table>
<thead>
<tr>
<th>Disease or Condition:</th>
<th>Date of Onset:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Clinical□ and/or Laboratory□</td>
<td>Specific Name of Test:</td>
</tr>
<tr>
<td>Specimen (Blood, CSF, sputum, stool, etc.):</td>
<td></td>
</tr>
</tbody>
</table>

If hospitalized, chart number: ____________________________

Name of Patient: ____________________________

Address: ____________________________ Phone (Home): ____________________________

City: ____________________________ Zip: ____________________________

Date of Birth: _______ Current Age: _______ Sex: _____ Race: _______

Is patient a food handler? Yes□ No□

Child/worker in daycare? Yes□ No□

Person Reporting: ____________________________

Name of Hospital, Clinic/Etc.: ____________________________

Phone: ( ) ____________________________

Date of Report: ____________________________

Disease or Condition Specific Information (Complete if Appropriate)

<table>
<thead>
<tr>
<th>If Hepatitis:</th>
<th>If Mycobacterial Disease:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A IgM antibody: Positive□ Negative□ Not Done□</td>
<td>SSN: ____________________________</td>
</tr>
<tr>
<td>Hepatitis B IgM antibody: Positive□ Negative□ Not Done□</td>
<td>PPD Mantoux Date: ____________________________</td>
</tr>
<tr>
<td>Hepatitis C antibody: Positive□ Negative□ Not Done□</td>
<td>IGRA Date: ____________________________</td>
</tr>
<tr>
<td>Was patient jaundiced? Yes□ No□</td>
<td>Positive□ Negative□ Indeterminate□</td>
</tr>
<tr>
<td>Is patient pregnant? Yes□ No□</td>
<td>Sputum Date: ____________________________</td>
</tr>
<tr>
<td>If yes: EDC _______ or Delivery Date _______</td>
<td>Smear□ Culture□</td>
</tr>
<tr>
<td>Chemistry Results</td>
<td>Body Fluid Date: ____________________________</td>
</tr>
<tr>
<td>(Normal Range for Test)</td>
<td>Smear□ Culture□</td>
</tr>
<tr>
<td>Total Bilirubin: ____________________________</td>
<td>Normal□ Abnormal□</td>
</tr>
<tr>
<td>SGOT (AST): ____________________________</td>
<td>Cavitary□ Non-cavitary□</td>
</tr>
<tr>
<td>SGPT (ALT): ____________________________</td>
<td>CT Date: ____________________________</td>
</tr>
<tr>
<td>Date of Chemistry Test: ____________________________</td>
<td>Normal□ Abnormal□</td>
</tr>
</tbody>
</table>

If gonorrhea, chlamydia, or syphilis (including congenital), provide the following treatment information:

Date treated: ____________________________

Medication: ____________________________ Dosage: ____________________________ Route: PO□ IM□ IV□

Frequency: ____________________________ Duration: ____________________________

Individual case reports of influenza-like illnesses are not required.

Mississippi State Department of Health

Revised 8-17-12

Form 135E

15
Lead Fact Sheet

What is lead?

Lead is found in:

- Tap water (especially well water)
- Keys/Key chains
- Brass faucets
- Toy jewelry
- Zipper pulls and snap closures
- Pottery/ceramic ware
- Porcelain tubs and sinks
- Electrical cords
- Paint on toys
- Imported/vinyl/plastic mini-blinds bought before 1997
- Lead-based paint
- Soil and dust
- Batteries
- Imported canned foods

Protect your child from lead:

- Clean your child’s hands with soap and water or baby wipes after they play outside, and before meals.
- Keep your child from eating paint chips, dust or dirt. Keep children from touching window troughs (wells) in old homes and outside surfaces (steps and porch floors) near old homes. Use a wet mop or wet cloth with an all-purpose cleaner to clear areas of dust or paint chips on window sills, interior floors, porch floors, ledges and outside steps. Keep children’s hands and toys off these areas.
- Window sills that are not very smooth might be hard to clean and can be covered with contact paper or plastic. Surfaces that children touch often should be smooth and easily cleaned.
- Keep children from eating while sitting on floors or steps.
- Anyone in the household, who works with lead, should avoid wearing work shoes while walking on steps and floors where children put their hands and should avoid wearing work clothes while sitting on furniture or car seats where children put their hands.
- Wash your child’s toys often.
- Give your child a diet rich in vitamin C, calcium and iron. Some good sources are milk, oranges, tomatoes, green leafy vegetables, eggs, bread, cereal and meat. Since children absorb more lead on an empty stomach give your child something to eat every 2-3 hours.
- Have your home checked for lead before you remodel. Do not scrape or sand lead-based paint.

Signs or symptoms of possible lead poisoning

Most children do not have any obvious signs or abnormal symptoms. Signs of damage sometimes show later. Some signs and symptoms include:

- Irritability
- Frequent tiredness
- Behavioral problems
- Stunted growth
- Learning problems
- Hyperactivity
- Decreased appetite
- Developmental delay
- Hearing loss

Convulsions, coma, and death can occur at very high lead levels, which are extremely rare.
Is your child at risk for lead poisoning?

☐ Does your child live in, or regularly visit, an old house built before 1960?
   Was your child’s day-care center/pre-school/baby-sitter’s home built before 1960?
   Does the house have peeling or chipping paint?

☐ Does your child live in a house built before 1960 with recent, ongoing, or planned renovation or remodeling?

☐ Has any siblings or playmate of your child had lead poisoning?

☐ Does your child frequently come in contact with an adult who works with lead? Examples of job descriptions or locations include: construction and painting of buildings and houses; pottery and painting; car and truck radiator repairs, auto body work; the manufacture or working with cable, wire and tire weights; working at a recycling center; welding and soldering; target shooting and handling of firearms, bullets or explosives; electronic repair; furniture refinishing; construction and repair of ships, bridges, and water towers; working on oil rigs; working with rubber or plastics; or working with lead Babbitt.

☐ Do you give your child any home or folk remedies or Mexican candy which might contain lead?

☐ Does your child live near a heavily traveled highway or street?

☐ Does your child play with keys? They may contain lead.

☐ Are there lead fishing sinkers in your home?

☐ Have items other than vegetation been burned outside near the home? The ashes left behind often contain lead.

If you answered “yes” to any of the questions above, please discuss the possibility of lead poisoning with your child’s physician or a nurse at your local health department.
Hoja de Datos Acerca del Plomo
Departamento de Salud del Estado de Mississippi

¿Qué es el plomo?
El plomo se encuentra en:

- Agua (especialmente de pozo)
- Llaves / llaveros
- Llaves de agua de latón
- Joyería de juguete
- Tiradores de cremalleras y cierres de presión
- Cerámica, artículos de cerámica
- Bañeras y lavabos de porcelana
- Cables eléctricos
- Pintura en juguetes
- Persianas pequeñas importadas de vinilo, plástico compradas antes de 1997
- Pintura a base de plomo
- Tierra y polvo
- Baterías
- Alimentos enlatados importados

Proteja a su niño del plomo:

- Limpie las manos de su niño con jabón y agua o toallitas para bebé húmedos (wipes) después de jugar afuera y antes de cada comida.
- Evite que su niño coma pedazos de pintura, polvo o tierra. Evite que los niños toquen las partes bajas de las ventanas en casas viejas y las superficies exteriores (peldaños y los pisos del corredor o terraza) cerca de sus manos. Use un trapo mojado o un trapo o paño húmedo con un limpiador para todo uso para limpiar las áreas que tengan restos de pintura o plomo en los marcos de las ventanas, pisos interiores, pisos del corredor, bordes y escaleras exteriores. Mantenga las manos de los niños y los juguetes fuera de estas áreas. El limpiador de las ventanas que no son muy lisas puede ser difícil de limpiar y pueden ser cubiertas con papel o plástico. Las superficies que los niños tocan frecuentemente deben ser suaves o lisas y fáciles de limpiar. Evite que los niños coman palitos o galletas en los pisos o las gradas.
- Si alguien está en la casa trabajando con plomo, deberá lavarse las manos con jabón y agua antes de comer en las áreas donde los niños juegan. Evite que los niños toquen las superficies exteriores de las ventanas, pisos interiores, pisos del corredor, bordes y escaleras exteriores. Mantenga las manos de los niños y los juguetes fuera de estas áreas. El limpiador de las ventanas que no son muy lisas puede ser difícil de limpiar y pueden ser cubiertas con papel o plástico. Las superficies que los niños tocan frecuentemente deben ser suaves o lisas y fáciles de limpiar. Evite que los niños coman palitos o galletas en los pisos o las gradas.
- Lave los juguetes de sus niños frecuentemente.
- Dele a su niño una dieta rica en vitamina C, calcio y hierro. Algunas buenas fuentes son leche, naranjas, tomates, vegetales de hojas verdes, huevos, pan, cereal y carne. Ya que los niños absorben más plomo con el estómago vacío, déle a su niño algo de comer cada 2-3 horas.
- Haga inspeccionar su casa por plomo antes que usted remodele. No raspe ni lico pinturas con base de plomo.

Señales o síntomas de posible envenenamiento con plomo
Algunos niños no muestran señales o síntomas anormales. Señales o daño algunas veces se muestran más tarde. Algunas señales o síntomas incluyen:

- Irritabilidad
- Cansancio frecuente
- Problemas de comportamiento
- Problemas de crecimiento
- Problemas de aprendizaje

Convulsiones, coma y muerte pueden ocurrir en niveles de plomo muy alto que son extremadamente raros.
¿Está su niño en riesgo de envenenamiento por plomo?

□ ¿Vive su niño(a) o visita regularmente una casa vieja que fue construida antes de 1960?
   • ¿Estuvo su niño en una guardería / centro pre-escolar / casa de la niñera construida antes de 1960?
   • ¿La pintura de su casa se está pelando o descascarrando?

□ ¿Le da a su niño algún remedio casero o popular o dulce Mexicano que pueda contener plomo?

□ ¿Vive su niño cerca de una calle o una autopista con tráfico pesado?

□ ¿Juega su niño con llaves? Estas pueden contener plomo?

□ ¿Hay plomadas de pesca en su casa?

□ ¿Ha quemado más que solo vegetación fuera o cerca de su casa? Las cenizas que se quedan a menudo contienen plomo?

Si su respuesta es “sí” a alguna de las preguntas de arriba, por favor discuta la posibilidad de envenenamiento a causa de plomo con el médico de su hijo/a o enfermera en su departamento de salud local.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

www.HealthyMS.com
1-866-HLTHY4U
1-866-458-4948
Equal opportunity in employment/services
THE TRUTH ABOUT LEAD POISONING!

**MYTH VS FACT**

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is no way to prevent lead poisoning.</td>
<td>1. Lead poisoning is the nation’s #1 preventable environmental health problem facing children today.</td>
</tr>
<tr>
<td>2. Lead poisoning occurs only when a child lives in a house or apartment built before 1978.</td>
<td>2. While lead based paint is one of the major ways to become lead poisoned, there are many other sources, such as certain home remedies, lead crystal and lead contaminated soil.</td>
</tr>
<tr>
<td>3. Children must eat paint chips in order to get lead poisoning.</td>
<td>3. Children are more frequently poisoned by the ingestion of dust from lead-based paint than by eating paint chips.</td>
</tr>
<tr>
<td>4. Only children in the inner city are in danger of getting lead poisoned.</td>
<td>4. Lead poisoning crosses all racial, geographic, and socioeconomic lines.</td>
</tr>
<tr>
<td>5. Children will not be harmed by lead unless they have very high lead levels.</td>
<td>5. Very low levels of lead in a child’s blood can create long-term problems such as learning and behavior problems.</td>
</tr>
<tr>
<td>6. Inadequate parental supervision is to blame for the lead poisoning of children.</td>
<td>6. Lead contamination in the environment is the cause of lead poisoning.</td>
</tr>
<tr>
<td>7. As long as children are kept away from lead paint, they cannot be poisoned by lead.</td>
<td>7. There are many other potential sources of lead exposure such as tap water flowing through lead pipes, keys, mini blinds, toy jewelry, electrical cords, zipper pulls and snap closures.</td>
</tr>
<tr>
<td>8. There is no need for a blood test because a routine check up can determine if my child has been exposed to lead.</td>
<td>8. The only way to tell if a child has been lead poisoned is by a blood test.</td>
</tr>
<tr>
<td>9. There are no risk indicators for children who should be tested for lead poisoning.</td>
<td>9. Enrollment in Medicaid and other federal income-based programs such as WIC and Head Start, living in a pre-1950’s house, and having a family member who works with lead are reliable predictors of risk. There is a short risk assessment questionnaire that health care providers can use to make decisions about blood lead testing.</td>
</tr>
</tbody>
</table>

For more information contact the Mississippi State Department of Health’s Childhood Lead Poisoning Prevention Program (CLPAPP) at 601-376-7447.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

Catalog #: 5326
<table>
<thead>
<tr>
<th>MITO VS. REALIDAD</th>
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</thead>
<tbody>
<tr>
<td>1. No hay manera de prevenir el envenenamiento por plomo.</td>
</tr>
<tr>
<td>2. El envenenamiento por plomo se produce sólo cuando un niño vive en una casa o apartamento construido antes de 1978.</td>
</tr>
<tr>
<td>3. Los niños se pueden envenenar con plomo solamente si se comen pedazos de pintura.</td>
</tr>
<tr>
<td>4. Los niños en las zonas urbanas corren un mayor riesgo de envenenamiento con plomo.</td>
</tr>
<tr>
<td>5. El plomo no es dañino para los niños a menos que tengan niveles de plomo muy altos.</td>
</tr>
<tr>
<td>6. La intoxicación por plomo en los niños se debe a la inadecuada supervisión por parte de los padres.</td>
</tr>
<tr>
<td>7. Los niños pueden evitar el envenenamiento por plomo solamente si no entran en contacto con pinturas que contengan plomo.</td>
</tr>
<tr>
<td>8. No hay necesidad de hacer un análisis de sangre por que un chequeo regular puede determinar si un niño ha estado expuesto al plomo.</td>
</tr>
<tr>
<td>9. No hay indicadores de riesgo para los niños que deben ser examinar por envenenamiento con plomo.</td>
</tr>
</tbody>
</table>

Para más información contacte con el Departamento de Salud del Estado de Mississippi Programa de Prevención del Envenenamiento por Plomo y Hogares saludables (MSLPPHHP) al 601-576-7447.
Creating a Safe and Healthy Home Checklist

Everyone should have a safe and healthy home environment. The checklist below is a tool for creating and maintaining a healthy home environment and shows some key action steps to take in each room of the home.

Family Room
☐ Keep room clean from dust
☐ Keep floors vacuumed
☐ Install smoke and carbon monoxide alarms with working batteries
☐ Keep floors clear of electrical cords and clutter
☐ Do not smoke or allow smoking in the home
☐ Keep plug protectors inserted in unused electrical outlets

Kitchen
☐ Check for water leaks under sink
☐ Keep pot handles on the stove turned inward facing the back burner
☐ Keep cleaning supplies stored separately from food and out of children’s reach
☐ Keep appliance cords away from the sink and stove
☐ Keep sharp objects out of reach of children or in a cabinet with a safety latch
☐ Use baits, such as gel, and traps as a way to remove pests like cockroaches, mice, and rats from a home instead of using pesticides

Adult Bedroom
☐ Keep medication stored in locked drawers or cabinets
☐ Install smoke and carbon monoxide detectors in the hallway outside the bedroom with working batteries
☐ Keep bed coverings and sheets washed on a regular basis in hot water
☐ Keep rooms free of chipped paint and dust
☐ Keep fire sources, such as portable heaters, away from the bed and other flammable materials

Nursery/Child Bedroom
☐ Use a safety approved crib and mattress covered by a fitted sheet
☐ Place baby on his/her back to sleep
☐ Make sure the crib, playpen, or bed is not near the window
☐ Keep toys, soft objects and loose bedding out of the baby’s sleep area
☐ Keep rooms free of chipped paint and dust
☐ Keep plug protectors inserted in unused electrical outlets
☐ Keep cords from blinds and shades out of reach of children or use cordless blinds and shades
☐ Keep room clean from dust
☐ Keep floors vacuumed
Bathroom
- Bathtubs and showers should have a non-slip bathmat on the tub/shower floor
- Use mats with non-slip rubber backs on bathroom floors
- Install grab bars next to the bathtub and shower
- Clean up moisture and mold safely
- Keep prescriptions and over-the-counter medications locked away from children and use childproof caps
- Keep small electrical appliances, such as hair dryers, curling irons, or shavers, away from water in sinks or tubs
- Supervise infants and children while bathing

Utility and Laundry Areas
- Set hot water heater at 120°F to prevent burns
- Change furnace filter regularly
- Have gas appliances and furnaces checked yearly to make sure they do not release extra carbon monoxide
- Make sure the clothes dryer vents outside
- Test for radon, if there’s a high level, hire a specialist to eliminate the hazard

Outer Part of House and Yard
- Fix holes, cracks, and leaks on exterior of the house
- Keep trash cans covered with a lid
- Keep small bodies of water from accumulating outside
- Keep paint and tools stored safely in garage or storage room
- Keep all products in original containers; never place kerosene, anti-freeze, paints or solvents in utensils customarily used for food or drinks
- Install handrails on both sides of the stairs
- Attach non-slip rubber stair treads on stairs to reduce falls
- Maintain gutters, downsputs, and roof to prevent moisture from entering the home
- Seal gaps around roofing and attic opening to keep rodents and insects out
- Be prepared for an emergency: have a first aid kit and 3 day supply of food
- Plan a fire escape route

Mississippi State Department of Health
www.HealthyMS.com • 1-866-HEALTHY4U

Resource:
Appendix G

**Lead Poisoning**

*What is Lead Poisoning?*

Lead poisoning occurs when a person swallows, absorbs, or inhales lead. Even small amounts of lead can be harmful. Children face the greatest risk.

**Prevention Tips**

- Teach children to wash hands after playing outside and before meals.
- Discourage eating things that fall on the ground and placing non-food items in the mouth.
- Wash bottles, toys, and pacifiers often.
- Don't store food or liquids in old or imported pottery, ceramic ware, or lead crystal.
- Don't let children eat loose pieces of paint or chew on painted surfaces.
- To reduce lead absorption, give your child something healthy to eat every 2-3 hours.
  - A healthy diet is high in iron, protein, vitamin C, and calcium and low in fat and oils.

**Is Your Child at Risk?**

Does your child spend a lot of their time in a home:
- built before 1978?
- with peeling or chipping paint?
- that has recent, ongoing, or planned remodeling?
- that has plastic mini-blinds purchased before 1997?

Does your child frequently come in contact with an adult who works with lead?

Have items other than vegetation been burned outside near the home?

Does your child play with keys, electrical cords, or lead fishing sinkers?

Have any siblings or playmates of your child had lead poisoning?

Does your child consume water from a well?

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**Lead Poisoning Signs and Symptoms**

- Irritability
- Frequent tiredness
- Behavioral problems
- Stunted growth
- Learning problems
- Hyperactivity
- Decreased appetite
- Developmental delay
- Hearing loss

If you suspect that your child is at risk for lead poisoning, please discuss lead poisoning with their medical provider for diagnosis and possible treatment.

For further information regarding the Mississippi State Department of Health Lead Poisoning Prevention and Healthy Homes Program, please contact us at 601-576-7619 or visit us at: http://www.HealthyMS.com

*Catalog # 5002*
**What is a Healthy Home?**

A Healthy Home is designed and maintained to support the health of its residents. Follow the 7 Principles of a Healthy Home below to keep your family healthy and safe.

- **Keep It Dry**
  Check your plumbing, roof, and drainage system for leaks to avoid mold and mildew.

- **Keep It Clean**
  Remove dust and clutter to reduce allergens.

- **Keep It Ventilated**
  Supply fresh air to reduce chemicals in the home. Open windows or use exhaust fans while bathing or cooking to reduce moisture.

- **Keep It Pest-Free**
  Seal cracks and openings to prevent insects and rodents from entering your home.

- **Keep It Safe**
  To prevent injuries install items such as smoke and carbon monoxide detectors, fire extinguishers, cabinet locks, and electrical outlet covers.

- **Keep It Contaminant-Free**
  Reduce the exposure to lead, tobacco smoke, and other contaminants in your home.

- **Keep It Maintained**
  Inspect, clean, and repair your home routinely.

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**What is Green Cleaning?**

Green Cleaning is a way to use safer products to reduce contaminants in your home. Try some of our Green Cleaning recipes below:

- **Air Freshener**
  Place a few slices of a citrus fruit, cloves, or cinnamon in a pot with enough water to simmer gently for 1 to 2 hours.

- **Furniture Polish**
  Dissolve 1 teaspoon of lemon oil in 1 cup of vegetable oil. Apply with a clean, dry cloth.

- **Disinfectant**
  Mix a 1/2 cup of borax into 1 gallon of hot water and clean with this solution.

- **Floor Cleaner with Fragrant Herbs**
  Combine in a bucket: 1/8 cup liquid soap or detergent, 1/4 to 1/2 cup of white distilled vinegar or lemon juice, 1/2 cup fragrant herbal tea (peppermint adds antibacterial qualities). Swirl the water around until it is sudsy. Scrub floor with mop.

Before using any of these recipes, test them on an inconspicuous area.

For more tips and recipes on green cleaning, visit our website at [http://www.HealthyMS.com](http://www.HealthyMS.com)

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For further information regarding the Mississippi State Department of Health Lead Poisoning Prevention and Healthy Homes Program, please contact us at 601-576-7519 or visit us at: [http://www.HealthyMS.com](http://www.HealthyMS.com)

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