



LEAD FACTS

for Ohio Families

THE IMPORTANCE OF PREVENTION

- There is no safe blood lead level.
- There is no evidence that the effect of lead exposure can be reversed.
- Lead exposure is a risk factor for impaired development and school performance and behavioral problems through a person's entire life.
- An elevated blood lead level (EBLL) is not something that can be diagnosed and reversed – primary prevention is key.

All kids living in high ZIP codes and all kids insured through Medicaid should have a venous or capillary test completed at 12 and 24 months, per Ohio Department of Health recommendations and Ohio law.

- While capillary testing is acceptable for screening purposes, medical and environmental testing should be planned based on venous confirmatory test following positive capillary test.
- Venous confirmatory testing should be performed on all children with a capillary blood lead level of 5 µg/dL or higher and all future lead level testings for those children should be venous testing.
- High-risk kids who did not have a blood level test at age 1 or 2 should have a capillary or venous test done. Recheck lead level in three to 12 months, depending on the child's age.

PATIENT FOLLOW UP

- Steps if lead is detected (BLL < 5 µg/dL):
 - Geometric mean BLL for children <6 is approximately 1 µg/dL.
 - Reinforce primary prevention strategies.
 - Recheck lead level.
- EBLL (BLL ≥ 5 µg/dL) diagnosed through capillary testing should be confirmed with venous test
- Schedule a follow-up test.
- For additional medical management needs, possible referral to regional children's hospital.
- Early Intervention referral for children with BLL 5µg/dL or higher.

Resource: Pediatric Environmental Health Specialty Units <https://www.pehsu.net>