NEW HAVEN HEALTH DEPARTMENT PROCESS FOR IDENTIFYING CHILD EXPOSURE TO LEAD HAZARDS

Report BLLs in excess of 10µg/dL
Child name/d.o.b.
Address
Parent contact
to New Haven Health Department

Physicians
Clinics
Hospitals
Laboratories

CGS§19a-110(a)

Emergency Call for child with very high BLL (chelation) Immediate Response

CT-DPH
Upload to MAVEN system
10µg/dL w/in 2 days
5-9µg/dL w/in 30 days

MAVEN

Affirmative Act Required

New Haven Health Department

- Open file
- Assign Case to Inspector
- Notify Plaintiffs' Counsel, <u>in accordance with Court Order</u>
- Chelation – highest priority and includes relocation

Verify and Schedule:

Child name
d.o.b.
Address
Parent
Telephone#
Subsidized?

Contact parent or guardian and initiate epidemiological investigation.

Provide parent or guardian with lead educational materials.

Schedule lead inspection

Parent or guardian must agree to inspection appointment

Epidemiological Investigation

1) Epi Form
2) Comprehensive Investigation
*XRF machine
*Dust Wipes
*Water
*Soil (if approp)

Time: 2-5 hrs

Depends upon:
*Size of space
*Property condition
*Cleanliness
*Cooperation
*Accessibility
*Pets

Parent or guardian must provide information and be present for inspection