

Blood Lead Screening, Reporting and Response Rule

1.0 Authority

This rule is adopted pursuant to 18 V.S.A. §§ 1755 and 1757.

2.0 Purpose

This rule is adopted to ensure that all of Vermont's young children are screened and tested for lead exposure according to the Vermont Department of Health [Pediatric Blood Lead Testing & Case Management Guidelines](#), and that all blood lead level test results, regardless of patient's age, are reported to the Vermont Department of Health.

3.0 Definitions

3.1 "Commissioner" means the Commissioner of the Vermont Department of Health.

3.2 "Confirmation test" means a venous blood test to confirm the presence of lead in a human.

3.3 "Department" means the Vermont Department of Health.

3.4 "Elevated blood lead level" means having a blood lead level of greater than zero micrograms per deciliter of human blood.

3.5 "Lead hazard" means a condition that causes exposure to lead from contaminated dust, lead-contaminated soil, lead-containing coatings, or lead-contaminated paint that is deteriorated or present in accessible surfaces, friction surfaces, or impact surfaces that would result in adverse human health effects.

3.6 "[Pediatric Blood Lead Testing & Case Management Guidelines](#)" means the Vermont Department of Health blood lead testing guidelines, incorporated here by reference.

3.7 "Screen," "screened," or "screening" relating to blood lead levels, means the initial capillary blood test to determine the presence of lead in a human in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#).

4.0 Universal Children's Blood Lead Screening and Testing

4.1 All health care providers who provide primary medical care shall ensure that all patients six years of age or younger under their care are or have been screened and tested for lead exposure in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#).

- 4.1.1 Patients shall be screened and tested for lead exposure at ages 12 months and 24 months in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#).
 - 4.1.2 Any patient aged 3 to 6 years that has not previously been screened and tested for lead exposure shall be screened and tested in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#).
 - 4.2 All health care providers shall conduct confirmation testing in accordance with the schedule in the [Pediatric Blood Lead Testing & Case Management Guidelines](#).
 - 4.3 All health care providers who provide primary medical care to children six years of age or younger shall ensure that those children's parents and guardians are advised of the availability and advisability of screening and testing their children for lead exposure in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#).
 - 4.4 All health care providers shall record in the child's medical record if screening or confirmation testing is not performed because the child's parent or guardian refuses to consent or fails to follow through on a referral. Information on parent/guardian refusal shall be reported to the Department in a form and format approved by the Department.
 - 4.5 No health care provider shall be liable for not performing a screening or confirmation test for blood lead level when a parent or guardian has refused to consent or has failed to follow through in response to a referral for a screening or confirmation test in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#).
- 5.0 Additional At-Risk Screening and Confirmation Testing**
- 5.1 All health care providers who provide primary medical care shall ensure that Vermont residents under the age of 16 who are members of potential at-risk populations or who present with symptoms described in the [Pediatric Blood Lead Testing & Case Management Guidelines](#) are screened and tested for lead exposure according to those guidelines.
 - 5.2 All health care providers shall ensure that:
 - 5.2.1 Children ages 6 months to 16 years old are screened and tested upon entry to the U.S in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#).
 - 5.2.2 A follow-up screen and test is completed in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#) on all children ages 6 months to 6 years within three to six months, regardless of the previous test results.

6.0 Blood Lead Test Reporting and Notification

- 6.1 All laboratories that analyze blood samples of Vermont residents, and all health care providers who use their own laboratories or use laboratories outside Vermont to analyze blood samples, shall:
- 6.1.1 Report all information required by the Department in Section 6.2 to the Department in a form and format approved by the Department;
 - 6.1.2 Report to the Department by telephone within 24 hours if the result of any analysis is 45 micrograms or more of lead per deciliter of blood; and
 - 6.1.3 Report electronically within 14 days of the analysis if the results are less than 45 micrograms per deciliter of blood.
- 6.2 The report from Section 6.1 to the Department on blood lead test results shall include:
- 6.2.1 patient's first name, middle initial, and last name;
 - 6.2.2 patient's sex, race, date of birth;
 - 6.2.3 patient's mailing address and street address, if different; whether property is a rental;
 - 6.2.4 patient's parent or guardian name(s) and phone number if patient is under 18 years old;
 - 6.2.5 date of blood draw; type of blood draw (capillary or venous);
 - 6.2.6 date blood was analyzed;
 - 6.2.7 test result;
 - 6.2.8 patient's insurance status;
 - 6.2.9 health care provider's name; and
 - 6.2.10 health care provider's address.
 - 6.2.11 If the patient is 16 years or older, and if known and applicable, the report shall also include: whether the patient may have been exposed at work, employer's name, patient's job title, and job description.
- 6.3 Health care providers shall provide a patient, or the parents or guardians of child patient, with educational materials developed by the Department on lead hazards when the patient is screened.

7.0 Enforcement

- 7.1 **Screening and Testing Requirements Notice of Non-Compliance.** The Department may issue a Notice of Non-Compliance (Notice) to any health care provider for whom the data available to the Department do not comply with the [Pediatric Blood Lead Testing & Case Management Guidelines](#) for one or more of the patients under the provider's care.
- 7.1.1 Within 30 days of receiving a Notice, for each patient, the health care providers shall:
 - 7.1.1.1 Test the child in accordance with the [Pediatric Blood Lead Testing & Case Management Guidelines](#); or

7.1.1.2 Report to the Department that the child's parent or guardian refused to consent or failed to follow through in response to a referral for blood lead testing; or

7.1.1.3 Report to the Department that the child is not under the health care provider's care.

7.2 Reporting Requirements Notice of Non-Compliance. The Department may issue a Notice of Non-Compliance (Notice) to any laboratory or health care provider that fails to report to the Department in accordance with the reporting requirements described in Sections 6.1 and 6.2 of these rules.

7.2.1 Laboratories and health care providers shall report to the Department all data elements required in Section 6.2 for each patient within 14 days of the date of receiving the Notice.

7.3 The Department may seek penalties or corrective action through the authority granted to it by Title 18 or Title 3 of the Vermont Statutes Annotated, or by referring the case to the relevant licensing agency.