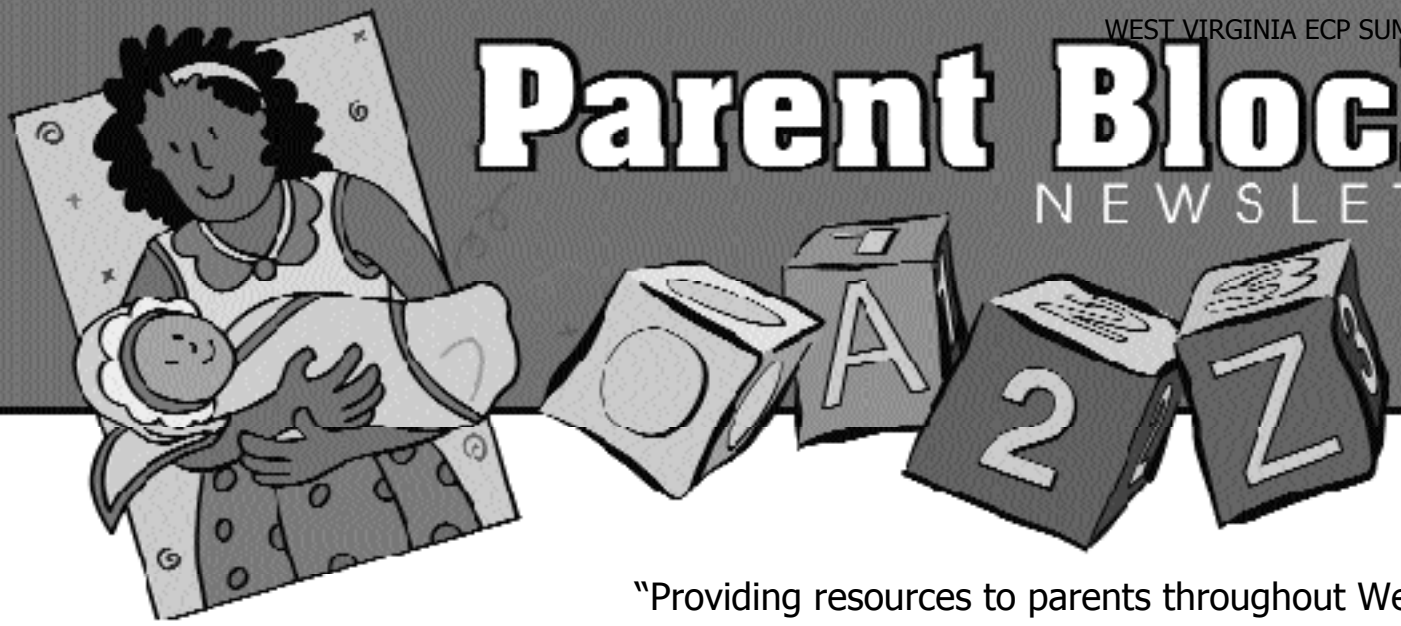

"Providing resources to parents throughout West Virginia"

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About Childhood Lead Poisoning Prevention

Source: United States Centers for Disease Control and Prevention

Lead is a naturally occurring metal that can cause negative health effects. People are exposed to lead by eating lead paint chips, ingesting contaminated food or water, and/or by breathing in lead dust.

Children younger than 6 years are more likely to be exposed due to their hand-to-mouth behavior. Many children ingest lead dust by putting objects such as toys and dirt in their mouths.

Children can be exposed to lead where they live, learn, and play. Sources of lead exposure can include the following:

- Chipping or peeling paint in homes or buildings built before 1978
- Water from lead pipes
- Soil near airports, highways, or factories
- Some imported candies and traditional medicines
- Some imported toys and jewelry
- Certain jobs and hobbies

A blood lead test is the best way to determine if a child has been exposed to lead. Parents can talk to their healthcare provider to find out if a blood lead test is needed. Healthcare providers can recommend follow-up actions and care based on the child's BLL.

To find out if a home has lead, hire a certified lead inspector to test for lead. Visit the Environmental Protection Agency's Lead Abatement, Inspection and Risk Assessmentweb page to locate one. Renters can ask their landlord to have the home inspected or to share results of recently conducted lead inspections.

For more information, visit West Virginia Childhood Lead Poisoning Prevention Project, https://dhhr.wv.gov/wvchildhoodleadpoisoning/Pages/default.aspx#acc1

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Human Services/Bureau for Family Assistance/Division of Early Care and Education; West Virginia Department of Human Services/Bureau for Family Assistance/WV Head Start State Collaboration Office; West Virginia Department of Health/Bureau for Public Health/Office of Maternal, Child and Family Health/West Virginia Birth to Three; and West Virginia Department of Health/Bureau for Public Health/Office of Maternal, Child and Family Health/West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

SUPPORTING YOUNG CHILDREN AND FAMILIES IN

MAKING THE MOST OF FAIRS, FESTIVALS, AND PARADES

WEST VIRGINIA INFANT/TODDLER MENTAL HEALTH ASSOCIATION

Spring, summer, and fall in West Virginia often include lots of fairs, festivals, and parades. This is a great time for young children to explore different foods, music, animals, and fun new experiences. It can also mean that young children may experience unfamiliar sounds, smells, lights, and crowds. Preparing young children in advance, and a little pre-planning, will help to make the experience enjoyable for all! Fairs and festivals are a great way to explore the state, both in your own area and beyond.

WWW.NURTURINGWVBABIES.ORG

To access more resources of the West Virginia Infant/Toddler Mental Health Association, please scan the QR code.

Start with a plan. Begin with making sure the festival, fair, or parade is the right fit for your family. Other considerations could be the time when you attend, how long you attend, and what activities your family would be interested in seeing. Visit the areas that your family is most interested in first, in case you need to leave early. Depending on the length of time you will be staying, you may want to bring:

- comfort item for naptime,
- snacks to stretch between meals,
- sunscreen for hot days,
- jackets for cooler evenings, or
- change of clothes for water rides.

Consider sensitivity to sounds, lights, and costumes. Some children LOVE loud noises, bright flashing lights, and characters in costumes. Others do not. If your child is sensitive to these things, you may consider:

- bringing ear plugs or head phones, or leaving the event earlier before all the loud noises begin.
- avoiding activities with bright lights, or attending in the daytime when the lights are not as bright.
- redirecting the child away from an area that has characters in costumes. Children should not be made to interact with characters in costume if feeling anxious or afraid.

Recognize your child's need to have some quiet time if feeling overwhelmed. Signs that your young child is feeling overwhelmed:

- irritable or crying,
- anxious,
- agitated, or
- clingy behavior.

Plan for breaks and look for quiet areas. Sometimes, fairs and festivals will offer a sensory room that offers young children a quiet place to rest and recharge.

PROMOTING HEALTHY ENVIRONMENTS FOR CHILDREN

Lead

Key Points

- The most common sources of lead exposure in children are lead-laden dust and paint chips from deteriorating lead paint on interior surfaces. Children living in poverty and children living in pre-World War II housing are at increased risk.
- Lead acts as a neurotoxicant to the developing brain, resulting in potentially irreversible damage, even at low blood lead levels (BLL).
- Pediatricians should assess for lead risks in children 6 years and younger.
- Disparities persist that disproportionately expose low-income, minority, and marginalized children to lead.

Clinical Guidance

- Lead impacts the developing brain and can lead to cognitive impairment with decreased IQ. This can result in poor academic achievement, shortened attention span, and abnormal behaviors.
- Lead can impact other organs including the kidneys, blood, bones, and reproductive tract.
- Symptomatic high-dose lead exposure may present as headaches, abdominal pain, loss of appetite, vomiting, constipation, clumsiness, agitation, decreased activity, stupor, coma, and convulsions.

Treat acutely symptomatic children as medical emergencies. Implement medical assessment and management. Separate them immediately from further exposure to lead to prevent further injury.

Prevention is key!

- Risk assessments for sources of lead in the child's environment should be completed at well-child visits between 6 months and 6 years (Bright Futures). If concerned about lead-based paint or other source of lead, obtain a BLL and provide family with anticipatory guidance on reducing sources of lead exposure.
- Consult local health departments or regional Pediatric Environmental Health Specialty Unit (PEHSU) to determine recommendations for obtaining BLLs in your jurisdiction. Note that:
  - Children with Medicaid must receive a BLL at 12 and 24 months (or once between 24 and 72 months if no previous record exists).
  - Children with developmental disorders, pica behavior, or poor cognitive abilities are at increased risk for lead exposure and may warrant monitoring with BLLs.
  - Recent immigrants, refugees, or international adoptees should be tested at the earliest opportunity.

To diagnose elevated BLLs:

- Use a venous BLL — it's the Gold Standard.
- If a finger-stick or capillary sample was used for a screening test, confirm elevated levels with a venous sample to rule out potential contamination

The management of elevated BLLs is multifaceted.

- The current reference value for BLL = 3.5ug/dL (representing the top 97.5%tile of BLLs).
- Any child with a confirmed venous BLL ≥ 3.5ug/dL should be directed to case management and exposure mitigation:
  - Take an environmental history to identify and eliminate the source of lead.
  - Implement mitigation measures in the home, such as dust precautions, removing shoes at the threshold of the domicile before going inside, careful and frequent handwashing, damp mopping floors, washing windowsills, baseboards, and plastic toys, etc.
  - Some health departments have lead programs that provide lead inspections of the home for children with elevated BLLs.
  - Home remediation should be performed by a Lead-Safe Certified contractor.
  - Provide nutritional counselling to ensure adequate intake of calcium, vitamin D, and iron. Iron supplementation may be warranted if deficiency confirmed on lab test.
  - Additional evaluation (eg, abdominal radiograph) may be warranted based on the history.
  - Follow-up BLLs at recommended intervals depending on their initial BLL.
  - Perform a structured developmental screening per recommendations in Bright Futures. Refer the child to Early Intervention or other therapeutic program.
  - Consult with a toxicologist or a PEHSU about chelation therapy for children with BLL >45 mcg/dL.
- Immigrant, refugee, and internationally adopted children may be at increased risk for lead exposure and should be tested for elevated blood lead concentrations when they arrive in the US.

For More Information

The following resources offer additional information regarding lead toxicity and exposure:

- Prevention of Childhood Lead Toxicity – AAP Policy Statement
- Recommendations on Medical Management of Childhood Lead Exposure and Poisoning – PEHSU Resource
- Childhood Lead Poisoning Prevention – CDC Resources
- Lead Exposure and Lead Poisoning – AAP Resources
- Pediatric Environmental Health, 4th Edition – AAP Policy Manual
- Pediatric Environmental Health Specialty Units
- Blood Lead Levels in Children: What Parents Need to Know – HealthyChildren.org
- Bright Futures – Prevention and health promotion for infants, children, adolescents, and their families

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