There is no “safe” level of lead in the human body. A growing body of evidence shows that even mildly elevated blood lead levels in young children are associated with learning and behavioral problems and adverse cardiovascular, immunological, and endocrine effects making prevention of lead poisoning of children of critical importance.

To help children avoid the harmful consequences of lead poisoning, clinicians should take a primary role in educating families to prevent lead exposures. Clinicians should ensure that parents and caregivers understand the long term, serious harm from lead poisoning, the most common sources of lead poisoning, especially in their homes, and strategies to preventing lead exposure to their children.

**Tips for parents and caregivers of young children living in residences built before 1978:**

- Keep children away from peeling paint and home repairs that disturb paint.
- Advise tenants to report peeling paint to their landlord for prompt repair in a lead safe manner. If a landlord does not make repairs, call 311 to request a home inspection by the Philadelphia Department of Licenses and Inspections.
- Homeowners should promptly repair all chipping and peeling paint in a lead safe manner.
- Frequently wash hands, toys, pacifiers, bottles, and other items a child puts in his or her mouth.
- Clean floors, windowsills, and dusty places often with wet mops and wet cloths.
- Serve foods rich in calcium, iron and vitamin C to help protect children from lead.

**For all families**

- Avoid using health remedies and cosmetics (such as kohl, kajal, surma) from other countries. Some of these products have been found to contain high levels of lead.
- Avoid using imported glazed clay pots and dishes to cook, serve, or store food, and do not use pottery that is chipped or cracked.
- Use caution when using candies, spices, foods, and children’s toys and jewelry made in other countries. These items may contain lead.

**Lead Screening Guidelines**

- All children in Philadelphia should be screened for lead at ages 12 and 24 months or at 36-72 months if there is not proof of prior screening.
- Foreign-born children residing in Philadelphia (refugee and immigrant) should be tested within 60 days of arrival and again at 3 months after arrival, regardless of age, up to age 6 years.
- Discharge from tracking of venous BLL once patient has three consecutive BLLs <10 μg/dL.
### Philadelphia Department of Public Health

**Recommended Management of Children with Elevated Blood Levels**

May 2013

<table>
<thead>
<tr>
<th>Blood Lead Level (BLL) (μg/dL)</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤4</td>
<td>● None</td>
</tr>
</tbody>
</table>
| 5-9                           | ● Monitor lead levels based on screening schedule below  
                                  ● Inquire about possible source(s) of lead exposure to advise prevention steps  
                                  ● Dietary evaluation for additional calcium and iron  
                                  ● Prescribe multivitamin  
                                  ● Recommend prevention/mitigation strategies (*see reverse*) |
| 10-19                         | ● All actions for BLL 5 – 9 μg/dL and  
                                  ● Lead screening of any pregnant women or other young children in the home  
                                  ● Refer to Childlink/Elwyn for children ≤ 18 months old  
                                  ● Philadelphia Department of Public Health will:  
                                    ○ Provide home-based education  
                                    ○ Inspect the child’s home to identify potential lead sources  
                                    ○ Order homeowner to repair or if eligible provide HUD funded repair |
| 20-44                         | ● All actions for BLL 5-19 μg/dL and  
                                  ● Complete medical history & physical  
                                  ● Consider abdominal XR and bowel decontamination  
                                  ● Assess for developmental and behavioral problems and refer to Childlink/Elwyn |
| ≥45                           | ● All actions for BLL 5 – 44 μg/dL and  
                                  ● Chelation therapy; arrange hospitalization if needed  
                                  ● Perform complete neurologic exam |

#### Recommended Follow-up Blood Lead Test Schedule for Children

<table>
<thead>
<tr>
<th>Fingerstick BLLs ≥5 μg/dL (Capillary Test Result (μg/dL))</th>
<th>Venous BLL (μg/dL)</th>
<th>Early Follow-up Test</th>
<th>Venous BLLs ≥5 μg/dL (Late Follow-up Test (once levels have begun to decline))</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9</td>
<td>5-9</td>
<td>3-6 months</td>
<td>6-12 months</td>
</tr>
<tr>
<td>10-14</td>
<td>10-14</td>
<td>3 months</td>
<td>6-9 months</td>
</tr>
<tr>
<td>15-44</td>
<td>15-19</td>
<td>1-3 months</td>
<td>3-6 months</td>
</tr>
<tr>
<td>≥45</td>
<td>20-24</td>
<td>1-3 months</td>
<td>1-3 months</td>
</tr>
<tr>
<td></td>
<td>25-44</td>
<td>2 weeks-1 month</td>
<td>1 month</td>
</tr>
<tr>
<td></td>
<td>≥45</td>
<td>As soon as possible</td>
<td>Chelation with follow-up</td>
</tr>
</tbody>
</table>