



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH, VA 22042

IN REPLY REFER TO  
BUMEDINST 6200.14C  
BUMED-M3  
21 Jul 2014

BUMED INSTRUCTION 6200.14C

From: Chief, Bureau of Medicine and Surgery

Subj: CHILDHOOD LEAD POISONING PREVENTION

- Ref:
- (a) Health Effects of Low-Level Lead, National Toxicology Program, U.S. Department of Health and Human Services, Jun 2012
  - (b) Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention, Report of the Advisory Committee on Childhood Lead Poisoning of the Centers for Disease Control and Prevention, 4 Jan 2012
  - (c) U.S. Department of Health and Human Services, Healthy People 2020, 10 Apr 2013
  - (d) National Lead Poisoning Prevention Week 2012, 22 Oct 2012
  - (e) Preventing Lead Poisoning in Young Children, Centers for Disease Control and Prevention, Aug 2005
  - (f) Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, Centers for Disease Control and Prevention, Nov 1997
  - (g) Lead Exposure in Children: Prevention, Detection, and Management, Committee on Environmental Health, Pediatrics, 2005; 116; 1036
  - (h) ASD(HA) and ASD(P&L) memo, Modification of Pediatric Blood Lead Screening Program, HA-Policy 95-009, 26 Jun 1995
  - (i) OPNAVINST 1700.9E

1. Purpose. To establish policy and procedures for Navy Medicine's role in the prevention of childhood lead poisoning.

2. Cancellation. BUMEDINST 6200.14B.

3. Scope. This instruction applies to all medical treatment facilities serving pediatric populations.

4. Background. Childhood lead poisoning is a serious, yet preventable disease. Low levels of lead in a child's blood may cause irreversible adverse health effects. The best way to protect children is to prevent exposure to lead. Navy Medicine personnel play an important role in the prevention of lead exposure and in the early identification and management of lead exposed children.

a. Lead has long been known to be a toxic metal. Epidemiological studies continue to provide evidence of adverse health effects at lower and lower blood lead levels per reference (a): [http://ntp.niehs.nih.gov/ntp/ohat/lead/final/monographhealtheffectslowlevellead\\_newissn\\_508.pdf](http://ntp.niehs.nih.gov/ntp/ohat/lead/final/monographhealtheffectslowlevellead_newissn_508.pdf). Based on the growing body of scientific studies concluding that blood lead levels below the previously accepted level of concern of 10 micrograms per deciliter harm children, the Advisory

Committee on Childhood Lead Poisoning Prevention (ACCLPP) advised the Secretary of the Department of Health and Human Services (HHS) and the Director of the Centers for Disease Control and Prevention (CDC) to now use a reference level of five micrograms per deciliter to identify children for intervention to reduce the child's future exposure to lead per reference (b), which is available at: [http://www.cdc.gov/nceh/lead/acclpp/final\\_document\\_030712.pdf](http://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf). The ACCLPP also recommended making a priority, the implementation of primary prevention strategies to prevent exposure from occurring per reference (b).

b. The HHS identified eliminating elevated blood lead levels in children as a goal of utmost importance to public health per reference (c), which is available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=12>. The CDC, a division of the HHS, has the primary responsibility to develop programs and policies to prevent childhood lead poisoning in the United States. According to the CDC, childhood lead poisoning is considered the most preventable environmental disease of young children. Approximately half a million United States children ages one to five years have blood lead levels above the reference value at which CDC recommends public health actions be initiated per reference (d), which is available at: <http://www.cdc.gov/Features/leadpoisoning/>.

c. The CDC and the American Academy of Pediatrics (AAP) have published recommendations concerning lead exposure in children per references (e) through (g). Reference (e) is available at: <http://www.cdc.gov/nceh/lead/publications/prevleadpoisoning.pdf>. Reference (f) is available at: <http://www.cdc.gov/nceh/lead/publications/screening.htm>. Reference (g) is available at: <http://pediatrics.aappublications.org/content/116/4/1036.long>. In brief, the CDC recommends targeted blood lead level screening, based on medical history, to identify children most likely to have elevated blood lead levels. The CDC recommends that states analyze their blood lead level data and develop screening plans consistent with state and local risk patterns. The CDC continues to recommend universal screening of Medicaid-eligible children unless reliable and representative blood lead level data demonstrates the absence of lead exposure in this population.

d. The Assistant Secretary of Defense (Health Affairs) authorized medical treatment facilities to suspend universal blood lead level screening based upon catchment area population data analysis per reference (h), which is available at: <http://www.health.mil/~media/MHS/Policy%20Files/Import/95-009.ashx>. Assessment of risk for lead exposure by questionnaire during each well-child visit from age six months through six years and screening by blood lead level for children at high risk for lead exposure is a TRICARE benefit.

e. While the best approach to preventing childhood lead poisoning is to prevent exposure in the first place, this goal is not yet attainable. In the meantime, case finding, case management, and prevention of additional exposure are still required.

5. Policy

a. Healthcare practitioners will provide anticipatory guidance concerning lead hazards and assess the risk for exposure to lead as a part of routine well child care.

b. Healthcare practitioners will conduct blood lead level screening in children when required and treat children identified with elevated blood lead levels. Healthcare practitioners will monitor the health status of all children with a confirmed blood lead level  $\geq 5$  micrograms per deciliter.

c. Universal blood lead level screening of all children is not required. Blood lead level screening will be offered to children determined to be at risk based on medical history.

d. Navy Medicine personnel will advocate for lead safe environments for children and will provide expert consultation to the management of military owned or leased, child-occupied facilities in support of lead elimination efforts.

6. Responsibilities

a. Bureau of Medicine and Surgery (BUMED) shall:

(1) Advocate for the mitigation of lead hazards in child-occupied facilities before children are exposed.

(2) Direct medical treatment facilities to use universal blood lead level screening when indicated by analysis of local blood lead level data.

b. Navy and Marine Corps Public Health Center (NMCPHC) shall:

(1) Provide epidemiology and data analysis support from the Epidemiological Data Center to BUMED, when requested.

(2) Provide an annual analysis, based on calendar year, of childhood blood lead level data for Department of the Navy beneficiaries in the form of a report from the Epidemiological Data Center to BUMED-M3, Public Health.

(3) Provide risk communication consultation and services to Navy Medicine regions, medical treatment facilities, and Navy Medicine region commanders, upon request, for incidents of confirmed blood lead levels  $\geq$  five micrograms per deciliter.

c. Navy Medicine Regions. Shall ensure medical treatment facilities are providing the prevention, education, screening, and management services prescribed herein.

d. Medical Treatment Facility Commanders, Commanding Officers, and Officers in Charge shall:

(1) Provide the prevention, education, screening, and management services prescribed herein.

(2) Use certified laboratories for blood lead level analysis.

(3) Report incidents of confirmed blood lead levels  $\geq$  five micrograms per deciliter in cases of children who reside in military owned or leased housing, including Public Private Venture housing, to the command responsible for the management of the housing (e.g., Navy Region Housing Department).

(4) Ensure additional required reporting is completed, as delineated below.

(5) Ensure mechanisms are in place to communicate blood lead level results to healthcare practitioners and preventive medicine personnel in a timely manner.

e. Healthcare Practitioners Providing Care to Children shall:

(1) Educate families about preventing lead exposures and provide information on lead hazards.

(2) Assess the risk for lead exposure, when appropriate, during well child visits from age six months through six years, using the Tri-Service Workflow Electronic Health Record template, the NAVMED 6200/2, Lead Exposure Risk Assessment Questionnaire, or a similar tool.

(3) Recommend environmental assessments for children at risk for lead exposure.

(4) Screen by blood lead level children who are at increased risk for lead exposure based on the history obtained during well child visits.

(5) Notify the family of all affected children of blood lead level test results in a timely and appropriate manner.

(6) Monitor the health status of all children with a confirmed blood lead level  $\geq$  5 micrograms per deciliter.

(7) Treat children with confirmed elevated blood lead levels per current medical practice standards.

f. Preventive Medicine Personnel shall:

(1) Collaborate with management of military owned or leased, child-occupied facilities to assist in the identification of lead hazards.

(2) Coordinate and collaborate with healthcare practitioners to provide families with the information needed to protect their children from lead hazards.

(3) Report confirmed blood lead levels  $\geq$  five micrograms per deciliter to the medical treatment facility Director of Public Health (or equivalent).

(4) Report confirmed blood lead levels  $\geq$  five micrograms per deciliter to the local health department in cases of children who reside in civilian housing.

(5) Collaborate with Navy Region Housing Department in the investigation of elevated blood lead levels in which military owned or leased, child-occupied facilities may be involved.

(6) Confirm investigations of elevated blood lead levels and any required housing remediation (military owned, leased, and Public Private Venture housing) is completed.

(7) Conduct monthly health and sanitation inspections of military owned child development centers and youth centers as required by reference (j) identifying conditions with potential to put children at risk from lead hazards.

7. Points of Contact

- a. BUMED, Clinical Operations, M3B25, 703-681-9654/9126.
- b. NMCPHC, Epidemiological Data Center, 757-953-0955.
- c. NMCPHC, Risk Communication Service, 757-953-0664.

8. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV Manual 5210.1 of January 2012.

9. Reports. The reports required in paragraphs 6b(1), 6b(2), 6d(3), 6d(5), 6f(3), and 6f(4) are exempt from reports control per SECNAV M-5314.1 of December 2005, Part IV, Paragraph 7p.

10. Form. NAVMED 6200/2 (11-2008), Lead Exposure Risk Assessment Questionnaire is available at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.



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<http://www.med.navy.mil/directives/Pages/default.aspx>