



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
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IN REPLY REFER TO

6010  
Ser M3B25/14UM30126

AUG 22 2014

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST  
COMMANDER, NAVY MEDICINE WEST

Subj: SAMPLING AND TESTING FOR LEAD IN DRINKING WATER IN PRIORITY  
AREAS

Encl: (1) OPNAV N45 memo 5090 Ser N45/14U132588 of 8 Feb 14

1. This calendar year, Commander Navy Installations Command (CNIC) will conduct sampling for lead in drinking water in priority areas, using enclosure (1) which updates OPNAV policy. This memorandum clarifies that the definition of priority areas does not include Military Treatment Facilities (MTFs). It does include primary and secondary schools, Child Development Centers, Navy operated 24/7 group homes, and youth centers. Based on the lessons learned from previous sampling iterations, pre-coordination between the CNIC regional and installation environmental representative conducting the sampling and testing, and the supporting Preventive Medicine Service/MTF is critically important. All CNIC regions are expected to initiate baseline sampling this calendar year, with a recurring sampling requirement every 5 years. In preparation for addressing potential high lead sampling results, our MTFs must be prepared.
2. Regions must ensure each MTF identifies a Point of Contact (POC) who is knowledgeable of this policy and program, is trained and/or experienced in risk communication, and can answer questions from facility staff and parents regarding health risks and testing results above the Environmental Protection Agency's (EPA's) recommended lead screening level of 20 parts per billion (ppb) in drinking water. The POC should be a specialist in public health, occupational medicine, pediatrics, or environmental health. The POC will coordinate with regional CNIC and/or installation representatives prior to initiation of sampling and testing. NAVMED regions should also identify a regional POC.
3. MTFs must be ready to respond to high lead sampling results with greater public interface, increased pediatrics/primary care and occupational medicine appointments, and additional blood lead testing in their laboratories as necessary. Blood lead testing should follow the normal MTF process and guidance from the Centers for Disease Control and Prevention (CDC). A revised version of BUMEDINST 6200.14B, Pediatric Lead Poisoning Prevention (PLPP) Program, which incorporates CDC guidance, will soon be published. The CDC currently recommends a reference level of 5 micrograms per deciliter of blood to identify children for intervention to reduce the child's future exposure to lead. Blood lead testing is a clinical decision to evaluate potentially elevated risk based on history, and clinicians should discuss risks and options with

concerned parents and patients. Appropriate blood lead testing will require increased awareness in the MTF.

4. When lead levels exceed the EPA screening level of 20 ppb, medical POCs must be available to go to the affected facilities and interact with staff and parents to address their concerns. This should be done in coordination with CNIC staff, who will deliver letters with results to affected facility staff and parents, and with installation commanding officers, who will meet with staff and parents. POCs should be prepared to describe the potential health risks due to lead exposure, information on blood lead testing, when and how to obtain an appointment for a clinical evaluation, and resources for learning more about the health effects of lead in drinking water.

5. The EPA provides guidance and communications tools on their website, <http://water.epa.gov/infrastructure/drinkingwater/schools/guidance.cfm#3ts>, including a news article template, guidance on crisis management, and a sample speech.

6. Although dedicated hotlines have been previously used in response to high lead results to answer questions and make appointments for clinical evaluation, these hotlines were resource-inefficient. The updated policy described in enclosure (1) takes a more proactive stance requiring continual coordination between the MTF and the CNIC region/installation. These communication mechanisms negate the need for hotline intervention.

7. When elevated lead levels in drinking water are identified, it is important that we communicate a single message. This will require close coordination with our CNIC counterparts and situational awareness on the part of our MTF personnel. Our message must be positive and proactive, anticipate likely questions, provide accurate and comprehensive information, and keep community members up-to-date on all new developments.

8. The Navy and Marine Corps Public Health Center (NMCPHC) has significant experience dealing with this issue. Specialty areas include risk communication, preventive medicine, and occupational and environmental medicine. Experts are available to provide public health consultation at (757) 953-0700 or DSN (312) 377- 0700. NMCPHC has posted important information and resources regarding this program on their website, <http://www.med.navy.mil/sites/nmcphc/environmental-programs/Pages/Lead-in-Drinking-Water.aspx>.

9. My point of contact for this matter is CAPT Patrick Laraby, (703) 681-9130, [patrick.laraby@med.navy.mil](mailto:patrick.laraby@med.navy.mil), or Dr. John Rowe, (703) 681-9654, [john.rowe.ctr@med.navy.mil](mailto:john.rowe.ctr@med.navy.mil).



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