SPECIAL TOPICS

OVERVIEW

- Important Circular Letters/Special Notices
- RRP Complaints/Referrals
- Chelation Therapy

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CIRCULAR LETTERS SPECIAL NOTICES

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CIRCULAR LETTERS AND SPECIAL NOTICES

- Circular letters – formal communication from DPH
- Special notices – important information from DPH

Sent to through Everbridge to:

- Directors of Health
- Chief Sanitarians

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CIRCULAR LETTERS AND SPECIAL NOTICES

- Listservs
  - Information is also distributed through email via out listservs
    - If you are not on our list or have a change in your email, please contact Krista (krista.veneziano@ct.gov)
- A few REMINDERS from the last year…….

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CIRCULAR LETTER 2014-15

AN RRP INITIATIVE

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RRP INITIATIVE

- The Connecticut Department of Public Health (CT DPH), Lead and Healthy Homes Program (L&HHP) is requesting that directors of health collaborate with local building officials to prevent childhood lead poisoning

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RRP INITIATIVE

- Specifically, we would like to have building officials utilize the attached *RRP Intake Form for Permits* at the time of issuing a permit for all pre-1978 residential properties in your municipality

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RRP INITIATIVE

- This request is being made as part of an ongoing statewide effort to ensure that contractors are in compliance with the US Environmental Protection Agency's (EPA) Renovation, Repair and Painting Rule (RRP Rule)

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RRP INITIATIVE

- The CT DPH and EPA strongly recommend that a permit be denied for companies and individuals who do not hold the appropriate credentials as required under the RRP Rule

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RRP INITIATIVE

- The CT DPH believes that in order to fully address and prevent childhood lead poisoning, we must collaborate with partners from multiple sectors
- We need your assistance in this statewide effort
- We encourage you to meet with your building officials to discuss the possibility of implementing the use of an *RRP Intake Form* as part of the local permitting process

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RRP Intake Form for Permits
For Pre-1978 Residential Projects

EPA CERTIFIED FIRM

Town: _____

Permit #: _____

What is RRP?

RRP is the Federal EPA's Renovation, Repair, and Paint Program. This law requires contractors that disturb painted surfaces in homes, child care facilities, and schools built before 1978 to be certified by EPA and follow specific work practices to prevent lead contamination. Individuals employed by the firm must be trained and certified. The contractor must give property owners and residents a copy of "Renovate Right", a pamphlet describing the lead-poisoning risks that may come from renovation activity in homes built before 1978. The following information is necessary to assist EPA Region 1 and the State of CT in its efforts to eliminate lead poisoning in children and adults. This checklist is not applicable for Lead Abatement or homeowner "Do-It-Yourself" projects. The contractor must provide the following information prior to obtaining a local construction or renovation permit:

Business name: _____

Business address: _____

CT HIC #: _____

EPA RRP Lead-Safe Certified Firm #: _____

EPA RRP Renovator training certificate #(s): _____

Property address: _____

By signing below, I state that I will provide a copy of the EPA *Renovate Right,* lead-hazard pamphlet to the owner(s) and residents of the property before the work begins. I further agree to follow all lead-safe work practices to protect residents and workers from lead exposure.

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Preventing Lead Poisoning from Renovation & Remodeling Activities

Feedback Form on Efforts to Include RRP Form during Permit Approvals

The Director of Health should complete this form after meeting with his or her local building official. Your feedback is needed, so that the CT DPH can understand and address identified barriers to implementing this proposal.

1. Does your local building official's office support implementation of the *RRP Intake Form*?
   - ❒ Yes, the building official is supportive of this effort
   - ❒ No. (If no, then please explain reason for lack of support below.)

2. Date of meeting with building official(s): _____

3. People in attendance:

_____, _____, _____

_____, _____, _____

_____, _____, _____

_____, _____, _____

(Name) (Title) (tel # or email)

4. Outcome of Meeting:

❒ Yes, we will use this *RRP Intake Form* for per-1978 residential projects where permits are required
❒ No, we cannot use this form. (If no, please explain below.)

Barriers or boundaries to successful implementation (please be specific and detailed):

_____

_____

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CIRCULAR LETTER 2014-13

LEAD INSPECTION AND TESTING SUMMARY FORM AND EPIDEMIOLOGICAL INVESTIGATION FORM

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LEAD INSPECTION AND TESTING SUMMARY FORM

- The Lead Inspection and Testing Summary Form (dated 1-7-14)
  - Revised the regulatory and statutory citations to reflect the current regulations and statutes
  - Changes made in the introductory paragraph (pg. 1) and towards the bottom where one completes the questions about a lead abatement and lead management plan being required (pg. 2)

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EPIDEMIOLOGICAL INVESTIGATION FORM

- Epidemiological Investigation Form (dated: 1/23/14):
  - Revised the Child – Medical Status section to reflect the current testing requirements due to the adoption of the Reference Value of 5µg/dL (pg. 3)
  - Revised the Birth to Three question to reflect a more action oriented activity (pg. 13)

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CIRCULAR LETTER 2013-67

NON-EBLL INSPECTIONS

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PRIMARY PREVENTION

- There are several sections of the regulations that require a local health response for preventing childhood lead poisoning cases
- **LHDs receive primary prevention funding which may be used for Non-EBLL inspections**
  - Triggering the Lead regulations applicability
  - HUD funded projects ≥ $25,000
  - Local ordinance

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NON-EBLL INSPECTIONS

- What is a Non-EBLL inspection?
  - Other dwellings
  - Daycares
  - Child <6 years of age in residence where lead hazards have been identified

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NON-EBLL INSPECTIONS

- The CLPPC regulations require a DoH to issue orders for lead abatement when <u>known lead hazards have been identified in the residence of a child under the age of six</u>

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NON-EBLL INSPECTIONS: INSPECTION OF 'OTHER CHILD-OCCUPIED UNITS'

- When a LHD must respond to a childhood lead poisoning case that requires a full epidemiological investigation, other child-occupied units within the same building must also be inspected
- Other inspections must begin within thirty (30) working days

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NON-EBLL INSPECTIONS: TRIGGERS

- There are many routine activities carried out by LHDs that may involve limited paint sampling or XRF testing of specific surfaces

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NON-EBLL INSPECTIONS: TRIGGERS

- For example:

  a) If a code enforcement official, as part of their routine work determines that deteriorated lead-based paint is present on or in the residence of a child under the age of six

  b) If the health department receives a Lead Inspection and Testing Summary Form from a licensed lead consultant

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NON-EBLL INSPECTIONS: TRIGGERS

- The DoH is required to issue orders for lead abatement <u>when lead paint hazards on or in the residence of a child under the age of six have been identified</u>
  - This applies regardless of the health status of the child in residence

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NON-EBLL INSPECTIONS: TRIGGERS

- The DoH is also obligated to ensure that the subsequent work is carried out in a timely manner and compliance is achieved

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NON-EBLL INSPECTIONS: TRIGGERS

- Prior to the issuance of orders, the DoH must ensure that the lead inspection is:
  - Comprehensive and includes all structures on the property
    - LHD staff should document all information

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NON-EBLL INSPECTIONS: TRIGGERS

- When a Lead Inspection and Testing Summary Form is received by the DoH from a licensed lead consultant, the LHD must visit the property and confirm that a comprehensive lead inspection has been completed (reflecting existing hazards)

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NON-EBLL INSPECTIONS:

- Each inadequate response places a healthy child at continued or increased risk of lead poisoning

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NEW LEAD SURVEILLANCE SYSTEM CASE TYPE: NON-EBLL

- A new case type has been created in the Lead Surveillance System
  - Non-EBLL
- LHDs will have the ability to track those environmental case types that result require abatement due to:
  - Triggering the Lead regulations applicability
  - HUD funded projects ≥ $25, 000
  - Local ordinance
- Will be available for LHDs to use soon
  - Circular letter to follow

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OTHER CIRCULARS

RECALLS

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WHAT DO THESE HAVE IN COMMON?

RECALLS……

- The Lead and Healthy Homes Program issues circular letters for recalls for unsafe levels of lead
  - 2012-28 (lead in spices)
  - 2012-47 (licorice)
  - 2013-47 (ginger candy)
  - 2013-48 (pink youth beds)
  - 2013-49 (lady bug, children's furniture)
  - 2013-56/2013-57 (tumeric)
  - 2013-62 (eye liner)

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SPECIAL NOTICE 12/20/13 ECOBOND

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ECOBOND – NOT AN ENCAPSULANT

ECOBOND

- Advertised an "interim encapsulant"
- Is a latex-based primer
- Product has unique sealant formula that may be used for lead-based paint mitigation

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ECOBOND – NOT AN ENCAPSULANT

- One step painting, adheres to most lead painted surfaces
- May create a layer that binds lead dust
- Minimizes health and safety hazards

Sounds like a great product, right??

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ECOBOND - *BEWARE*

** Please note, this product is not registered as an approved liquid encapsulant. Therefore, it may not be used as an approved abatement method. **

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EPA RENOVATION, REPAIR AND PAINTING RULE

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EPA RENOVATION, REPAIR, AND PAINTING RULE (RRP)

Where it applies:

- Target housing (pre-1978 housing)
- Child Occupied Facilities (day care facilities, schools with children under 6)
- Renovations performed for compensation

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DPH & LHDS

- CT is not an EPA authorized state to enforce RRP
- DPH provides education/outreach DPH refers cases to EPA
- EPA conducts enforcement activities

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TIPS AND COMPLAINTS

How Are They Received?

- Telephone, e-mail or submitted through EPA website

Who Are They Made By?

- Neighbors
- Tenants
- Homeowners
- Local officials
- RRP contractors

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TIPS AND COMPLAINTS

- Verify complaint information
  - Is the work being done on a property that is a child occupied facility/target housing?
  - Is the work being done by a HIC?
  - Is the contractor an EPA RRP Certified Renovator?
  - Is the contractor working in a lead safe manner?
    - Creating debris that might be a risk to the health of others?
- Issue a cease/desist order
- Provide DPH/EPA with a "clear" picture of the possible violations

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TIPS AND COMPLAINTS

Next Steps…. DPH will:

- Document the information
- Set up a time to meet with the contractor
- Complete an "RRP Compliance Assistance" form and forward it to EPA
- Discuss the possible hazards/violations with EPA

**** EPA will determine if they will take further action ****

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EPA REGION 1 RRP CONTACTS:

Enforcement Questions
Stephanie Carr
(617) 918-1363

Technical Questions
James M. Bryson
(617) 918-1524

Firm Requirements & Contractor Questions
Robert Carr
(617) 918-1607

Training Provider Requirements & Outreach Materials
Mike Browne
(617) 918-1765

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CHELATION THERAPY

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REGIONAL LEAD TREATMENT CENTERS (RLTC)

There are 2 Regional Lead Treatment Centers in CT:

Hartford RLTC

- Clinics are offered at CT Children's Medical Center (Tuesday) and St. Francis Pediatric Primary Care Center (Thursday)
- **Contact: Janna Zempsky at (860) 714-5184**

New Haven RLTC

- Clinics are offered at the Yale New Haven Children's Hospital Pediatric Specialty Clinic (Tues)
- **Contact: Sue Jordan at (203) 764-9106**

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SERVICES PROVIDED BY THE RLTC

RLTCs are under contract with DPH to provide:

- Child medical case management
- Blood lead poisoning screening
- Prevention based outreach
- Advisory services to children and families
- Provide consultation services for health care

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CHELATION THERAPY

Is administered:

- When a child has a venous blood lead test results > 44ug/dl or
- At the discretion of a pediatrician experienced in managing children with lead poisoning

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A TEAM APPROACH TO TREATMENT

Children:

- Are generally admitted to a hospital under the guidance of RLTC
- Are medically monitored during therapy
- Remain hospitalized for 3-4 days
  - Therapy continues orally after discharge for 10-14 days
- Are only discharged to a home deemed to be lead safe/lead free

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99% OF THE TIME…

The child will not be allowed to return to the home where they were poisoned

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COMMUNICATION IS KEY!!

- RLTC staff treating the child & the local health department (DoH & LHD staff) must communicate/coordinate to ensure that the child is discharged to a lead safe home
- Joint decision between the RLTC staff and LHD

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DISCHARGE OPTIONS

The Hartford lead-safe house, Bridgeport lead-safe house or Ronald McDonald House in New Haven

Family/Friends

- If a child is to be released to a post-1978 home a visual inspection must be conducted
- If the home is pre-78 then a risk assessment or comprehensive lead inspection must be conducted to ensure there are no lead hazards

Review the LHD Relocation Plan

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CHILD AT RISK AFTER DISCHARGE

A chelated child is extremely sensitive to any future exposure(s) to lead as their bodies will absorb lead more quickly than a child who has never been chelated

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TIME IS OF THE ESSENCE…

Local health departments must:

- Reach out to the pediatrician
- Find lead safe/lead free relocation ASAP
- Investigate EBLL, perform a comprehensive lead inspection of the child's home

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ADDITIONAL SERVICES OFFERED

RLTC Outreach & Social Workers provide:

- Lead exposure counseling and education
- Home visits to identify risks/hazards
- Coordinate with the LHDs
- Translation services
- Medical testing of siblings at risk
- Developmental assessment
- Social Services support

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