

**NC Childhood Lead Testing and Follow up Manual  
Appendix**

## Appendix A: Glossary

**Care Coordination for Children (CC4C).** Provides formal care coordination and case management services at no charge to eligible children birth to five at risk for or diagnosed with special needs and their families. Services are provided by local health departments, Sickle Cell Agencies, Federally Qualified Health Centers and Rural Health Centers to children not enrolled in the Infant-Toddler Program. For more information, call your local health department or the Children with Special Health Care Needs Help Line, 1-800-737-3028.

**Children's Developmental Services Agency (CDSA).** Provides evaluation and intervention services primarily birth to age three. Serves as the local head agency for the Early Intervention Infant-Toddler Program. Contact information may be found at <http://www.beearly.nc.gov/index.php/contact/cdsa>

**Clinical Management.** Comprehensive follow-up care, usually given by a health care provider to a child with an elevated blood lead level. Clinical management includes:

1. Clinical evaluation for complications of lead poisoning (*Chap 4-Table 3*)
2. Family lead education and referrals.
3. Chelation therapy, if appropriate.
4. Follow-up testing at appropriate intervals.

**Confirmed lead poisoning.** A blood lead concentration of 20 µg/dL or greater, determined by the rounded value of the lower of two consecutive blood tests within a six-month period.

**Diagnostic Test.** A laboratory test for lead that is performed on the blood of a child who has a screening blood level of 5 µg/dL or greater. The diagnostic test is usually the first venous blood lead test performed within three months of the screening test.

**Early Intervention.** Identification of young children who have a developmental delay or may be at risk for developing problems and providing different types of services to support the family and the child. Early Intervention services are provided by many agencies under the leadership of the local CDSA.

**Elevated Blood Lead Level (EBL).** A blood lead concentration of 10 µg/dL or greater determined by rounded value of the lower of two consecutive blood tests within a one-month period.

**Environmental Health Specialist (EHS).** A trained individual who inspects areas for environmental hazards and ensures that environmental health regulations are followed to protect the health of the public. In NC, these individuals may be registered by the [NC State Board of Environmental Health Specialist Examiners](#).

**Exposure.** Contact with a chemical, infectious agent, radiation, or extreme weather event, which has the potential to harm an individual.

**Family Lead Education.** This service provides families with prompt and individualized education regarding:

1. Their child's blood lead level, and what it means.
2. Potential adverse health effects of lead exposure.
3. Sources of lead and suggestions on how to reduce exposure.
4. The importance of wet cleaning to remove lead-contaminated dust on floors, windowsills, and other surfaces; the ineffectiveness of dry methods of cleaning, such as sweeping.
5. The importance of good nutrition in reducing the absorption of lead. If there are poor nutritional patterns, discuss adequate intake of calcium, iron and zinc and encourage regular meals and snacks.
6. The need for follow-up blood lead testing to monitor the child's blood lead level, as appropriate.
7. Results of environmental investigation, as appropriate.
8. Hazards of improper removal of lead-based paint. Particularly hazardous are open-flame burning, power sanding, water blasting, methylene chloride-based stripping, and dry sanding or scraping.

**Follow-up test.** A laboratory test for lead that is performed in order to monitor the status of a child with an elevated diagnostic blood lead test.

**Initial Blood Lead Test.** A laboratory test for lead that is performed on the blood of an asymptomatic child to determine if the child has an elevated blood lead level.

**NC CLPPP (North Carolina Childhood Lead Poisoning Prevention Program).** Part of the Children's Environmental Health Program in the Division of Public Health, Environmental Health Section - administers the NC CLPPP and Childcare and School Sanitation Inspection Programs.

**Reference Value.** A value based on the 97.5th percentile of the BLL distribution among children 1–5 years old in the United States using data generated by the National Health and Nutrition Examination Survey (NHANES). Currently the reference value to identify children with elevated BLLs is 5 µg/dL.

**Refugee.** Refugees are a special group of immigrants who are admitted into the United States because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. These individuals enter the United States legally as a refugee pursuant to Section 207 of the Immigration and Naturalization Act. For the most part, refugees cannot return home because of the danger they would face upon returning.

**WIC Program.** WIC stands for Women, Infants, and Children. This program is also called the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC is a federal program for low income pregnant, postpartum and breastfeeding women, infants and children until the age of five and provides supplemental foods, nutrition education, breastfeeding support, and referrals for health care. WIC is effective in preventing and improving nutrition-related health problems within its target population.