

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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EHS Circular Letter #2019-24

To: Directors of Health
Chief Sanitarians

From: Allison P. Sullivan, Supervising Environmental Analyst
Lead Poisoning Prevention and Radon Program

Date: October 28, 2019

Subject: Chelation Guidance Document

The Connecticut Department of Public Health Lead Poisoning Prevention Program has developed a chelation guidance document for local health departments/districts to reference as needed. The purpose of this document is to provide a clear approach in preparation for urgent situations involving a child with an elevated blood lead level requiring hospitalization for chelation therapy.

Please see the attached "Chelation Guidance for Local Health Departments/Districts" document that will also be available on our website at: www.ct.gov/dph/lead.

Please email or call the regional lead case managers listed below for more information.

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Connecticut Department of Public Health

Lead Poisoning Prevention and Radon Program

Chelation Guidance for Local Health Departments/Districts

Contact Pediatrician

- Confirm the child has a venous blood lead level (BLL) $\geq 45\mu\text{g}/\text{dL}$ *
- Confirm the pediatrician contacted the parents/guardians to:
 - Discuss the importance of chelation therapy under admission of a Regional Lead Treatment Center (RLTC)—**IMMEDIATELY**
 - Obtain parent(s) contact information (telephone number and address), and ask if there are additional children in the household that should be tested
 - Discuss the pediatrician's action plan for the child (i.e. future testing schedule, follow-up zinc protoporphyrin (ZPP) levels, hospitalization, education, etc.) and referral to a RLTC

**If the parent expresses concerns (verified EBLL, eating paint chips etc.) a referral can be made to a RLTC. Referrals do not need to be from child's pediatrician.*

Contact Parents

- Verify pediatrician discussed the severity of the situation
- Verify pediatrician has communicated to parent(s) about treatment and next steps
- Schedule an Epidemiological Investigation
 - Complete an epidemiological form
 - Conduct a comprehensive lead inspection (primary and secondary residences)
- Plan for relocation for when the child is released from the hospital

Contact RLTC to verify admission to the hospital (usually via the emergency department)

- **Connecticut Children's Medical Center (CCMC) – Hartford**
 - Dr. Jennifer Haile, MD Telephone – (860) 547-0979
 - Darlene Abbate, APRN After hours – (860) 220-0731
- **Yale New Haven Children's Hospital (Yale) – New Haven**
 - Dr. Carl Baum, MD
 - Dr. Erin Nozetz, MD Telephone – (203) 688-2195
 - Marta Wilczynski, LCSW

Chelation Therapy

A team approach to a child's treatment:

- Admission to a hospital under admission of a RLTC
- Hospitalization for 3-4 days
- Medical monitoring during therapy which continues orally after discharge for 10-14 days
- Discharged to a lead safe home

** A chelated child is extremely sensitive to any future exposures to lead as their bodies will absorb lead more quickly than a child who has never been chelated.*

Epidemiological Investigation

- Identify the potential source(s) of lead
 - Share the results (environmental and non-environmental) with the RLTC, pediatrician, Lead, Radon and Healthy Homes Program and any other parties involved
 - Contact the State Lab to arrange expedited testing of samples (dust, water, soil, non-environmental, etc.)

* If necessary, ship dust wipes overnight to private lab; however, this will be an additional expense.

Relocation Protocol

- Relocation after child's release from the hospital is necessary if hazards are found in the home
 - Relocation plan in place before child is released
- A relocation protocol must be in place for every town in CT
 - Required under the Federal Uniform Relocation Act and the CT Uniform Relocation Assistance Act
- Relocation directive by the mayor or first selectman is typical; however, the Director of Health (DoH) may also decide under CGS 19a-111
 - The mayor or first selectman should be notified by the DoH if a family requires relocation assistance
- Lead safe housing is a must, but lead free is preferred
- Example Strategy:
 - Temporarily relocate the family to a local hotel/motel (many towns have an agreement with a local hotel/motel that has been deemed lead safe)
 - Contact family's current landlord to see if he/she has an available vacant unit at another property
 - Contact other local landlords to see if a vacant unit is available
 - Contact family members to assist

Lead Safe Housing

- Plan in advance with mayor or first selectman
- When a vacant unit is identified:
 - Complete a visual inspection to ensure all painted surfaces are intact
 - Conduct sampling to assess bare soil and to identify any risk
- Perform dust wipes even if property is post-1978 housing or previously abated
- Town may be required to offer additional services to the family (i.e. transportation services, food services when family is staying in a hotel without a kitchen)

**If identified property is in another jurisdiction, contact the neighboring DOH as soon as possible to assist with conducting the necessary inspection.*