



Guidelines for Lead Risk Evaluation and Blood Lead Testing

- **Lead risk** evaluation is the use of the Childhood Lead Risk Questionnaire to determine the risk of potential for lead exposures.
- **Blood lead testing** is defined as obtaining a blood lead test either by capillary or venous methodology.
- **It is always appropriate to obtain a diagnostic blood lead test when a child is symptomatic or a potential exposure to lead has been identified, regardless of child's age.**
- Federal mandates and the Illinois Department of Healthcare and Family Services' (HFS) policy require that all children enrolled in HFS medical programs be considered at risk for lead poisoning and receive a blood lead test prior to age **12 months and 24 months**. Children older than the age of 24 months, up to 72 months of age, for whom no record of a previous blood lead test exists, also should receive a blood lead test. **All children enrolled in HFS medical programs are expected to receive a blood lead test regardless of where they live.** (Consult Handbook for Providers of Healthy Kids Services, Chapter HK-203.3.1, for more blood lead testing and reporting information.)
- Illinois has defined ZIP code areas at high risk and low risk for lead exposure based on housing age and poverty rates. Review the list of ZIP codes and determine status of ZIP codes in your area.

Childhood Lead Risk Questionnaire

- ◆ Complete the Childhood Lead Risk Questionnaire during a health care visit for children through 6 years of age, beginning at 6 months
 - If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.
 - If any response is "YES" or "DON'T KNOW," obtain a blood lead test.
- ◆ If the child is age 3 years to 7 years **and**
 - there are any "YES" or "DON'T KNOW" answers **and**
 - has had two successive blood lead test results that were each less than < 10 mcg/dL with one of these tests at age 2 years or older **and**
 - risks of exposure to lead have not changed, **further blood lead tests are not necessary.**
- ◆ If the child is 3 years to 7 years of age, **and**
 - all answers to the Childhood Lead Risk Questionnaire are "NO," a blood lead test is not necessary.

For children living in Chicago:

Lead evaluation and testing guidelines differ for the city of Chicago. For information for the Chicago Department of Public Health's you may access their Web site at www.cityofchicago.org/health.

Illinois Lead Program
866-909-3572 or 217-782-3517
TTY (hearing impaired use only) 800-547-0466



Pediatric Lead Poisoning High-Risk ZIP Code Areas

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|--|--|--|---|
| Adams 62301 62320 62324 62339 62346 62348 62349 62365 | Christian 62083 62510 62517 62540 62546 62555 62556 62557 62567 62570 | DuPage 60519 Edgar 61917 61924 61932 61933 61940 61944 61949 Edward 62476 62806 62815 62818 Effingham None Fayette 62458 62880 62885 Ford 60919 60933 60936 60946 60952 60957 60959 60962 61773 Franklin 62812 62819 62822 62825 62874 62884 62891 62896 62983 62999 Fulton 61415 61427 61431 61432 61441 61477 61482 61484 61501 61519 61520 61524 61531 61542 61543 61544 61563 | Grundy 60437 60474 Hamilton 62817 62828 62829 62859 Hancock 61450 62311 62313 62316 62318 62321 62330 62334 62336 62354 62367 62373 62379 62380 Hardin 62919 62982 Henderson 61418 61425 61454 61460 61469 61471 61480 Henry 61234 61235 61238 61274 61413 61419 61434 61443 61468 61490 Iroquois 60911 60912 60924 60926 60930 60931 60938 60945 60951 60953 60955 60966 60967 60968 60973 Jackson 62927 62940 62950 Jasper 62432 62434 62459 62475 62480 Jefferson 62883 Jersey 62030 62063 Jo Daviess 61028 61075 61085 61087 Johnson 62908 62923 Kane 60120 60505 Kankakee 60901 60910 60917 60954 60969 Kendall None Knox 61401 61410 61414 61436 61439 61458 61467 61474 61485 61489 61572 Lake 60040 LaSalle 60470 60518 60531 61301 61316 61321 61325 61332 61334 61342 61348 61354 61358 61364 61370 61372 Lawrence 62439 62460 62466 Lee 60553 61006 61031 61042 61049 61310 61318 61324 61331 61353 61378 Livingston 60420 60460 60920 60921 60929 60934 61311 61313 61333 61740 61741 61743 61769 61775 Logan 62512 62518 62519 62548 62543 62635 62643 62666 62671 Macon 62514 62521 62522 62523 62526 62537 62551 Macoupin 62009 62033 62069 62085 62088 62093 62626 62630 62640 62649 62672 62674 62685 62686 62690 Madison 62002 62048 62058 62060 62084 62090 62095 Marion None Marshall 61369 61377 61424 61537 61541 Mason 62617 62633 62644 62655 62664 62682 Massac 62953 McDonough 61411 61416 61420 61422 61438 61440 61470 61475 62374 McHenry 60034 McLean 61701 61720 61722 61724 61728 61730 61731 61737 61770 Menard 62642 62673 62688 Mercer 61231 61260 61263 61276 61465 61466 61476 61486 Monroe None Montgomery 62015 62019 62032 62049 62051 62056 62075 62077 62089 62091 62094 62538 Morgan 62601 62628 62631 62692 62695 Moultrie 61937 Ogle 61007 61030 61047 61049 61054 61064 61091 Peoria 61451 61529 61539 61552 61602 61603 61604 61605 61606 Perry 62832 62997 Piatt 61813 61830 61839 61855 61929 61936 Pike 62312 62314 62323 62340 62343 62345 62352 62355 62356 62357 62361 62362 62363 62366 62370 Pope None Pulaski 62956 62963 62964 62976 62992 Richland 62419 62425 Rock Island 61201 61236 61239 61259 61265 61279 St. Clair 62201 62203 62204 62205 62220 62289 Saline 62930 62946 Sangamon 62625 62689 62703 Schuyler 61452 62319 62344 62624 62639 Scott 62621 62663 62694 Shelby 62438 62534 62553 Stark 61421 61426 61449 61479 61483 61491 Stephenson 61018 61032 61039 61044 61050 61060 61062 61067 61089 Tazewell 61564 61721 61734 Union 62905 62906 62920 62926 Vermilion 60932 60942 60960 60963 61810 61831 61832 61833 61844 61848 61857 61865 61870 61876 61883 Warren 61412 61417 61423 61435 61447 61453 61462 61473 61478 Washington 62214 62803 Wayne 62446 62823 62843 62886 White 62820 62821 62835 62844 62887 Whiteside 61037 61243 61251 61261 61270 Will 60432 60433 60436 Williamson 62921 62948 62949 62951 Winnebago 61077 61101 61102 61103 61104 Woodford 61516 61545 61570 61760 61771 |
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Childhood Lead Risk Questionnaire

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE EVALUATED FOR LEAD POISONING
(410 ILCS 45/6.2)**

A blood lead test should be performed on children:

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area
- all Medicaid-eligible children should have a blood lead test prior to 12 months of age and 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If responses to all the questions are "No":

- re-evaluate at every well child visit or more often if deemed necessary

Child's name _____ Today's date _____

Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer.

RESPONSE

| | Yes | No | Don't Know |
|---|-----|----|------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? | Yes | No | Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher? | Yes | No | Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978? | Yes | No | Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes | No | Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes | No | Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)? | Yes | No | Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes | No | Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes | No | Don't Know |
| 9. Does this child reside in a high-risk ZIP code area? (see reverse side of page for list) | Yes | No | Don't Know |

If there is any "Yes" or "Don't Know" response; **and**

- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), **and**
- there has been no change in the child's living conditions, a blood lead test is not needed at this time.

Test 1: Blood Lead Result _____ mcg/dL Date _____ Test 2: Blood Lead Result _____ mcg/dL Date _____

Signature of Doctor/Nurse

Date

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TTY (hearing impaired use only) 800-547-0466**