

ARTICLE 29. REPORTING, MONITORING, AND PREVENTIVE PROCEDURES FOR LEAD POISONING

Rule 1. Definitions

410 IAC 29-1-1 Applicability

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 1. The definitions in this rule apply throughout this article. (*Indiana State Department of Health; 410 IAC 29-1-1; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-2 "At-risk" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 2. "At-risk" means a child is at-risk if that child:

- (1) lives in or regularly visits a house or other structure built before 1978;
- (2) has a sibling or playmate who has been lead poisoned;
- (3) has frequent contact with an adult who:
 - (A) works in an industry; or
 - (B) has a hobby;that uses lead;
- (4) is an immigrant or refugee or has recently lived abroad;
- (5) is a member of a minority group;
- (6) is a Medicaid recipient;
- (7) uses medicines or cosmetics containing lead; or
- (8) lives in a geographic area that increases the child's probability of exposure to lead.

(*Indiana State Department of Health; 410 IAC 29-1-2; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-3 "Capillary blood lead test" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 3. "Capillary blood lead test" means a blood lead test for which the blood sample was drawn using a finger lance to break the skin, followed by:

- (1) drawing the blood from the cut into a capillary tube or other collection device; or
- (2) placing drops of blood onto a piece of filter paper.

(*Indiana State Department of Health; 410 IAC 29-1-3; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-4 "Case management" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 4. "Case management" means the process of providing, overseeing, and coordinating lead poisoning services, including, but not limited to, the following:

- (1) Outreach and identification of children with EBLs.
- (2) Child case management service planning and resource identification.
- (3) Child case management service implementation and coordination.
- (4) Monitoring of child case management service delivery, program advocacy, and program evaluation.

(*Indiana State Department of Health; 410 IAC 29-1-4; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-5 "Case manager" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 5. "Case manager" means a person authorized by a health department and trained by the department or its designated representative within six (6) months of hire to perform case management protocols developed by the state. (*Indiana State Department of Health; 410 IAC 29-1-5; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA*)

410 IAC 29-1-6 "Child case management service implementation and coordination" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 6. "Child case management service implementation and coordination" means the following:

- (1) For confirmed blood lead levels between zero (0) and nine and nine-tenths (9.9) µg/dL, the following:
 - (A) Notifying the child's primary medical provider within ten (10) working days of receipt of test results by the local health officer.
 - (B) Providing educational materials to the parents or family of the child regarding prevention of lead poisoning.
 - (C) Any additional actions the local health officer believes will assist the family in preventing the child's blood lead level from increasing.
- (2) For confirmed elevated blood lead levels between ten (10) and fourteen and nine-tenths (14.9) µg/dL, beginning child case management services within ten (10) working days after receipt of test results, including the following:
 - (A) Notifying the child's primary medical provider within five (5) working days of receipt of test results and ensuring coordination of long-term services and retesting.
 - (B) Arranging for testing of all children less than seven (7) years of age living in the home.
 - (C) Conducting an initial home visit to include the following:
 - (i) A medical, developmental, and behavioral history.
 - (ii) Lead education, including medical effects and environmental sources.
 - (iii) A determination of potential household exposures.
 - (iv) An evaluation of the risk of other family members, including pregnant women.
 - (v) A nutrition assessment or referral for nutrition assessment.
 - (vi) A developmental assessment or referral for developmental assessment.
 - (vii) Referrals to other social services as appropriate.
 - (D) Providing an environmental inspection to include the following:
 - (i) A risk assessment of the child's primary and secondary addresses within ten (10) working days after receipt of test results if the structure was built before 1978, to include the following:
 - (AA) A complete risk assessment including recommendations to mitigate identified lead hazards.
 - (BB) A written report to the family and the owner if the family does not own the home.
 - (CC) Education of the family and the owner on lead hazards in the home and measures to protect the child from further poisoning.
 - (ii) An environmental investigation, including the following:
 - (AA) Identification and evaluation of nonstructural exposure sources within the child's environment.
 - (BB) Presentation of results of the environmental investigation, including recommendations for reducing or eliminating exposure.
 - (CC) Education of the family on hazards found and education on temporary and permanent measures to protect the child from further exposure.
 - (E) If the risk assessment finds lead hazards, immediately providing written notice to the property owner of the lead hazards and required remediation options in accordance with 410 IAC 29-4. The notice shall include the risk assessment. The property owner shall be given a reasonable time to implement recommendations for remediating lead hazards within one hundred eighty (180) days. The property owner shall have a clearance examination performed by a properly licensed individual to establish the efficacy of remediation.

(F) Providing continuing child case management services until case closure as appropriate to the child's case and not less frequently than one (1) contact every three (3) months, to include the following:

(i) Monitoring blood lead levels by retesting according to section 21 of this rule and notification of the primary medical provider of the results and ensuring blood lead testing of other children and pregnant women residing in the home.

(ii) Monitoring and evaluation of other aspects of the child's case, including, but not limited to, the following:

(AA) Additional home visits to monitor the child's progress and to identify needs that may arise from changes in primary and secondary addresses, housing condition, family composition, occupations of family members, child's activities, child's development, medical condition, nutrition, and use of nonprescription medications or household goods.

(BB) Contacts with other service providers to monitor and evaluate service delivery, appropriateness, and efficacy.

(3) For confirmed elevated blood lead levels between fifteen (15) and nineteen and nine-tenths (19.9) $\mu\text{g}/\text{dL}$, initiating actions as in subdivision (2) and child case management services beginning within five (5) working days after receipt of test results.

(4) For confirmed elevated blood lead levels between twenty (20) and forty-four and nine-tenths (44.9) $\mu\text{g}/\text{dL}$, initiating child case management services within five (5) working days after receipt of test results and all actions as in subdivision (2) with the following changes:

(A) Notifying the child's primary medical provider immediately and ensuring coordination of long-term services and follow-up testing.

(B) Initiating risk assessment of the child's primary and secondary addresses within five (5) working days after receipt of test results if the structure was built before 1978.

(5) For confirmed elevated blood lead levels between forty-five (45) and sixty-nine and nine-tenths (69.9) $\mu\text{g}/\text{dL}$, initiating child case management services within twenty-four (24) hours after receipt of test results and all actions as in subdivision (2) with the following changes:

(A) Notifying the child's primary medical provider immediately and ensuring coordination of long-term services and follow-up testing.

(B) Initiating a risk assessment of the child's primary and secondary addresses within two (2) working days after receipt of test results if the structure was built before 1978.

(C) Chelation therapy followed by a venous blood lead test one (1) month after completion of therapy as follows:

(i) Chelation therapy may be conducted at the child's home if the home does not have any lead hazards.

(ii) If the home has lead hazards, the child must be admitted to a hospital and chelation therapy performed at the hospital.

(6) For confirmed elevated blood lead level greater than or equal to seventy (70) $\mu\text{g}/\text{dL}$, initiating child case management services immediately after receipt of test results and all actions as in subdivision (2) with the following changes:

(A) Notifying the child's primary medical provider immediately and ensuring coordination of long-term services and follow-up testing.

(B) Initiating a risk assessment of the child's primary and secondary addresses within twenty-four (24) hours after receipt of test results if the structure was built before 1978.

(C) Treatment of the child's EBLL as a medical emergency.

(D) Admission of the child to a hospital for chelation therapy.

(E) Obtaining a venous blood lead test one (1) month after completion of therapy.

(Indiana State Department of Health; 410 IAC 29-1-6; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; errata filed Mar 29, 2007, 9:58 a.m.: 20070411-IR-410050189ACA; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

410 IAC 29-1-7 "Child case management service planning and resource identification" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 7. "Child case management service planning and resource identification" means:

(1) implementing a system to provide child case management services; and

(2) identifying resources and services in the community that can be utilized in child case management.

(Indiana State Department of Health; 410 IAC 29-1-7; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-8 "Clearance examination" defined

Authority: IC 16-41-39.4-1
Affected: IC 13-17-14; IC 16-41-39.4

Sec. 8. "Clearance examination" means an activity conducted by a clearance examiner, lead inspector, or risk assessor who is licensed under IC 13-17-14 to establish proper completion of interim controls (as defined in 24 CFR 35.110). *(Indiana State Department of Health; 410 IAC 29-1-8; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)*

410 IAC 29-1-9 "Confirmatory testing" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 9. "Confirmatory testing" means conducting additional blood lead level tests on children with initial capillary blood lead tests as follows:

- (1) Initial blood lead level zero (0) to nine and nine-tenths (9.9) $\mu\text{g/dL}$ requires no confirmatory test.
- (2) Confirming initial blood lead levels of:
 - (A) ten (10) to nineteen and nine-tenths (19.9) $\mu\text{g/dL}$ within three (3) months;
 - (B) twenty (20) to forty-four and nine-tenths (44.9) $\mu\text{g/dL}$ within one (1) month;
 - (C) forty-five (45) to fifty-nine and nine-tenths (59.9) $\mu\text{g/dL}$ within forty-eight (48) hours; and
 - (D) sixty (60) to sixty-nine and nine-tenths (69.9) $\mu\text{g/dL}$ within twenty-four (24) hours;of receiving test results by the venous or capillary method.
- (3) Confirming initial blood lead levels of seventy (70) $\mu\text{g/dL}$ and higher immediately with an emergency lab test and considering blood lead levels of seventy (70) $\mu\text{g/dL}$ to be a medical emergency.

(Indiana State Department of Health; 410 IAC 29-1-9; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

410 IAC 29-1-10 "Confirmed blood lead test" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 10. "Confirmed blood lead test" means either of the following:

- (1) Two (2) consecutive capillary blood lead tests not more than twelve (12) weeks apart.
- (2) A single venous blood lead test.

(Indiana State Department of Health; 410 IAC 29-1-10; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-11 "Confirmed elevated blood lead level" or "CEBLL" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 11. "Confirmed elevated blood lead level" or "CEBLL" means a blood lead level of ten (10) $\mu\text{g/dL}$ or higher that has been verified by a confirmed blood lead test. *(Indiana State Department of Health; 410 IAC 29-1-11; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-11.5 "Consumer product" defined

Authority: IC 16-41-39.4-7
Affected: IC 16-41-39.4

Sec. 11.5. "Consumer product" means an item or a component of an item that is produced or distributed for:

- (1) sale to a consumer for use; or
- (2) the personal use, consumption, or enjoyment of a consumer.

(Indiana State Department of Health; 410 IAC 29-1-11.5; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

410 IAC 29-1-12 "Department" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 12. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 29-1-12; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-13 "Elevated blood lead level" or "EBLL" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 13. "Elevated blood lead level" or "EBLL" means a blood lead level of ten (10) µg/dL or higher. *(Indiana State Department of Health; 410 IAC 29-1-13; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-14 "Environmental inspection" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 14. "Environmental inspection" means the following:

- (1) An environmental investigation.
- (2) A risk assessment of the child's primary and secondary addresses.

(Indiana State Department of Health; 410 IAC 29-1-14; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-15 "Environmental investigation" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 15. "Environmental investigation" means an identification of lead hazards from any nonstructural source, including the following:

- (1) Identification and evaluation of nonstructural exposure sources within the child's environment.
- (2) Presentation of results of the environmental investigation, including recommendations for reducing or eliminating exposure.
- (3) Education of the family on:
 - (A) hazards found; and
 - (B) temporary and permanent measures;to protect the child from further exposure.

(Indiana State Department of Health; 410 IAC 29-1-15; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-16 "Family" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 16. "Family" means the caregivers and household of a child. *(Indiana State Department of Health; 410 IAC 29-1-16; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-16.3 "Lead test kit" defined

Authority: IC 16-41-39.4-7
Affected: IC 16-41-39.4

Sec. 16.3. "Lead test kit" means an implement specifically designed to detect the presence of lead on a painted surface or surface covering that has been recognized by the Environmental Protection Agency in accordance with 40 CFR 745.88. (*Indiana State Department of Health; 410 IAC 29-1-16.3; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA*)

410 IAC 29-1-17 "Local health officer" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 17. "Local health officer" means the local health officer or the local health officer's designated representative. (*Indiana State Department of Health; 410 IAC 29-1-17; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-18 "Monitoring of child case management service delivery, program advocacy, and program evaluation" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 18. "Monitoring of child case management service delivery, program advocacy, and program evaluation" means the following:

- (1) Tracking the provision of case management services.
- (2) Securing resources adequate to support local efforts.
- (3) Measuring program outputs.

(*Indiana State Department of Health; 410 IAC 29-1-18; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-19 "Outreach and identification" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 19. "Outreach and identification" means the following:

(1) The promotion of awareness of the health effects of lead, techniques for preventing lead poisoning, and techniques for treating lead poisoning and providing lead hazard education in the local health officer's jurisdiction through activities including, but not limited to, training staff on issues relevant to lead poisoning effects, prevention, and treatment, including, but not limited to, the following:

- (A) Housing.
- (B) Environment.
- (C) Testing.

(2) Raising awareness in the community of lead hazards for those included in at-risk categories.

(3) Providing consultation and education to the local medical community.

(4) Providing consumer alerts and consumer education regarding lead hazards, including products for purchase in the community.

(5) Determining the magnitude of lead poisoning in the local health officer's jurisdictions through activities including, but not limited to, the following:

(A) Ensuring blood lead testing of children at risk for lead poisoning.

(B) Partnering with:

- (i) children's and maternal nutrition and health programs;
- (ii) education programs and institutions;
- (iii) community action agencies;
- (iv) housing authorities;
- (v) physicians; and
- (vi) other partners, such as schools and community and faith-based organizations;

involved in the care of children to ensure screening and testing of all at-risk children.

(C) Partnering with local officials to determine high-risk geographic areas in order to target testing of children at risk

for lead poisoning.

(Indiana State Department of Health; 410 IAC 29-1-19; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; errata filed Mar 29, 2007, 9:58 a.m.: 20070411-IR-410050189ACA)

410 IAC 29-1-19.5 "Paint product" defined

Authority: IC 16-41-39.4-7

Affected: IC 16-41-39.4

Sec. 19.5. "Paint product" means a tool or substance used in conjunction with the application or removal of paint. *(Indiana State Department of Health; 410 IAC 29-1-19.5; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)*

410 IAC 29-1-20 "Remediation" defined

Authority: IC 16-41-39.4-1

Affected: IC 13-11-2-0.5; IC 16-41-39.4

Sec. 20. "Remediation" means actions that constitute either:

- (1) abatement (as defined in IC 13-11-2-0.5); or
- (2) interim control (as defined in 24 CFR 35.110);

of a lead hazard. *(Indiana State Department of Health; 410 IAC 29-1-20; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)*

410 IAC 29-1-21 "Retesting" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 21. "Retesting" means additional testing to monitor a child's blood lead level over time in accordance with the following schedule, unless a primary care physician or local health department determines retesting should occur within shorter intervals:

- (1) Within six (6) months for results between zero (0) and nine and nine-tenths (9.9) µg/dL.
- (2) Within three (3) months for results between ten (10) and twenty-four and nine-tenths (24.9) µg/dL.
- (3) Within one (1) month for results between twenty-five (25) and forty-four and nine-tenths (44.9) µg/dL.
- (4) By the venous method within one (1) month after completion of chelation therapy for results greater than forty-five (45) µg/dL.

(Indiana State Department of Health; 410 IAC 29-1-21; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

410 IAC 29-1-22 "Risk assessment" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 22. "Risk assessment" means an assessment of lead hazards from any structural source by a licensed risk assessor consistent with 326 IAC 23 to include the following:

- (1) A complete risk assessment including recommendations to mitigate identified lead hazards.
- (2) A written report to the family and the owner if the family does not own the home.
- (3) Education of the family and the owner on the following:
 - (A) Lead hazards in the home.
 - (B) Measures to protect children from further poisoning.

(Indiana State Department of Health; 410 IAC 29-1-22; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-23 "Risk assessor" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 23. "Risk assessor" means a person licensed by the state to conduct risk assessments consistent with section 15 of this rule. (*Indiana State Department of Health; 410 IAC 29-1-23; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-24 "Unconfirmed elevated blood lead level" or "UEBL" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 24. "Unconfirmed elevated blood lead level" or "UEBL" means a blood lead level of ten (10) µg/dL or greater that has not yet been subject to confirmatory testing. (*Indiana State Department of Health; 410 IAC 29-1-24; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-25 "Venous blood lead test" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 25. "Venous blood lead test" means a blood lead test for which the blood sample was drawn using venipuncture. (*Indiana State Department of Health; 410 IAC 29-1-25; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

Rule 2. Case Management and Testing

410 IAC 29-2-1 Case management

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 1. Local health officers shall ensure the provision of case management to all children less than seven (7) years of age in their jurisdictions, including the following:

- (1) Outreach and identification of EBL children.
- (2) Child case management service planning and resource identification.
- (3) Confirmatory testing.
- (4) Child case management service implementation and coordination.
- (5) Retesting.
- (6) Monitoring of child case management service delivery, program advocacy, and program evaluation.

(*Indiana State Department of Health; 410 IAC 29-2-1; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA*)

410 IAC 29-2-2 Case closure

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 2. The department or local health officer may close cases under either of the following conditions:

- (1) A case may be designated "case complete" if:
 - (A) referrals have been made to individuals and agencies for long term developmental, environmental, and medical follow-up; and
 - (B) the child has two (2) or more consecutive confirmed blood lead tests for which the BLL is less than ten (10) µg/dL in a six (6) month period, and environmental lead hazards have been remediated and passed a dust clearance test.
- (2) A case may be designated "administratively closed" for any of the following reasons:
 - (A) The child moves to another state and a case referral has been made to the appropriate state lead poisoning prevention program. This referral must be made not later than ten (10) working days after the case manager learns of the move, and the department shall keep the case open until the case is confirmed as received by the state to which it has been transferred.
 - (B) The child moves to another county in Indiana and a case referral has been made to the appropriate local health

department. This referral must be made not later than ten (10) working days after the case manager learns of the move, and the department shall keep the case open until the case is confirmed as received by the local health department to which it has been transferred.

(C) The child reaches his or her seventh birthday and referrals have been made to individuals and agencies for long term developmental, environmental, and medical follow-up.

(D) The child can no longer be located or contacted and five (5) attempts have been made to contact the child during a twenty-six (26) week closure window according to the following action periods:

(i) At least one (1) telephone call to the parent or guardian after the first four (4) weeks of the twenty-six (26) week closure window.

(ii) At least one (1) letter to the parent or guardian between nine (9) and thirteen (13) weeks into the twenty-six (26) week closure window.

(iii) At least one (1) certified letter to the parent or guardian between thirteen (13) and twenty-one (21) weeks into the twenty-six (26) week closure window.

(iv) At least one (1) attempted home visit to the child's last known address after twenty-four (24) weeks into the twenty-six (26) week closure window.

Actions completed later than the action period shall be recorded against the twenty-six (26) week closure window in the week in which they were performed.

(E) Case management is blocked for religious or other legally recognized reasons, and documentation of these reasons is on file.

(F) The death of the child.

(Indiana State Department of Health; 410 IAC 29-2-2; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

Rule 3. Reporting

410 IAC 29-3-1 Reporting of blood lead test results

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4-3

Sec. 1. (a) A person that examines the blood of an individual for the presence of lead must report to the department the results of the examination not later than one (1) week after completing the examination. The report must include at least the following:

(1) With respect to the individual whose blood is examined, the following:

(A) Full name.

(B) Date of birth.

(C) Gender.

(D) Full address, including street address, city, and zip code.

(E) County of residence.

(F) Race and ethnicity.

(G) Parent's or guardian's name and phone number, where applicable.

(H) Any other information that is required to be included to qualify to receive federal funding.

(2) With respect to the examination, the following:

(A) The date.

(B) The type of blood test performed.

(C) The person's normal limits for the test.

(D) The results of the test.

(E) The person's interpretation of the results of the test.

(3) The names, addresses, and telephone numbers of the following:

(A) The person examining the blood.

(B) The attending physician, hospital, clinic, or other specimen submitter.

(b) If a person required to report under subsection (a) has submitted more than fifty (50) results in the previous calendar year, the person must submit subsequent reports in an electronic format determined by the department.

(c) Except as provided in subsection (d), if a person required to report under subsection (a) fails to provide complete

information within ten (10) days after receiving written notification by the department, a civil penalty may be assessed in accordance with IC 16-41-39.4-3.

(d) Subsection (c) does not apply to a person who acts in good faith to provide a complete report required under subsection (a), but who:

- (1) after requesting information, is unable to collect all of the information required for a complete report; or
- (2) provides incorrect information on a completed report.

(Indiana State Department of Health; 410 IAC 29-3-1; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

410 IAC 29-3-2 Reporting of case information

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 2. (a) Local health officers shall ensure that case information is reported to the department for children less than seven (7) years of age who have an elevated blood lead level.

(b) Case management activities shall be reported electronically or using the forms designated by the department.

(c) Case closure activities shall be reported electronically or using forms designated by the department. *(Indiana State Department of Health; 410 IAC 29-3-2; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-3-3 Reporting of housing information

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 3. Local health officers shall ensure that addresses associated with children with elevated blood lead levels and gathered after July 1, 2002, are provided to federal, state, and local organizations covered by 24 CFR 35.82. *(Indiana State Department of Health; 410 IAC 29-3-3; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; errata filed Mar 29, 2007, 9:58 a.m.: 20070411-IR-410050189ACA)*

Rule 4. Prevention and Remediation

410 IAC 29-4-1 Prevention or remediation

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 1. Local health officers may do the following:

(1) Enter upon and inspect private property, at proper times after due notice, in regard to the possible presence, source, and cause of lead poisoning and lead hazards.

(2) Order what is reasonable and necessary to prevent lead poisoning or remediate lead hazards.

Remediation shall be followed by dust clearance examination. *(Indiana State Department of Health; 410 IAC 29-4-1; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-4-2 Risk assessment reports

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 2. If a risk assessment identifies lead hazards, the local health department or its agent must provide a complete standard risk assessment report identifying the component location and required remediation options for each lead hazard to the property owner not later than five (5) business days from the verification by sample analysis of the lead hazards. Standard risk assessment reports shall include orders for the property owner to do the following:

(1) Develop a reasonable written schedule prioritizing the work based on the recommendations of the risk assessment and the local health department within thirty (30) days.

(2) Implement the recommendations for remediation of the lead hazards based on priorities set forth in the risk assessment, the written schedule, and local health department instructions.

(3) Complete all work within a time frame, not to exceed one hundred eighty (180) days, as specified by the:

(A) risk assessor; or

(B) local health department.

(4) Conduct a clearance examination after remediation to establish the efficacy of the remediation.

(Indiana State Department of Health; 410 IAC 29-4-2; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

410 IAC 29-4-3 Failure to remediate

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 3. If a property owner fails to remediate all lead hazards identified in the risk assessment report, the local health officer shall refer all case documentation to the appropriate legal staff in the jurisdiction of the local health department to pursue legal action.

(Indiana State Department of Health; 410 IAC 29-4-3; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

Rule 5. Consumer Products

410 IAC 29-5-1 Retail establishments

Authority: IC 16-41-39.4-7

Affected: IC 16-41-39.4

Sec. 1. A retail establishment that sells paint or paint products shall do all of the following:

(1) Offer for sale a lead test kit that is capable of determining the presence of lead-based paint. The location of the lead test kits shall be:

(A) in close proximity to the paint and paint products; and

(B) known by all employees that provide advice to customers about paint or paint products.

(2) Provide customers with the Environmental Protection Agency pamphlet "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools" or a similar source of information approved by the department.

(3) Ensure that at least one (1) employee per retail location who:

(A) is at least eighteen (18) years of age; and

(B) provides advice to customers concerning paint and paint products;

attends a department approved training program concerning lead hazards within ninety (90) days of the effective date of this rule.

(4) Provide training to all other employees at the retail location that may provide advice to customers concerning paint and paint products. Training shall be completed within thirty (30) days of participation in the department approved training program.

(5) Train new employees within thirty (30) days of starting employment.

(Indiana State Department of Health; 410 IAC 29-5-1; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

410 IAC 29-5-2 Consumer product labels

Authority: IC 16-41-39.4-7

Affected: IC 16-41-39.4

Sec. 2. (a) A person that sells, offers for sale, or distributes a consumer product shall not remove, erase, or obscure the visibility of a statement that:

(1) the manufacturer or wholesaler of the consumer product has placed on the consumer product or the container or wrapper in which the consumer product is contained; and

(2) specifies that the consumer product contains or may contain lead.

(b) A person that sells, offers for sale, or distributes a consumer product that contains or may contain lead, shall do one (1) or both of the following:

(1) Post a sign, in both English and Spanish, within two (2) feet of the front entrance stating that products available for purchase in that retail location contain or may contain lead. The sign must be visible at all times and meet the following minimum specifications:

- (A) Be at least eighteen (18) inches by twenty-four (24) inches in size.
- (B) Include a statement that products containing lead or that may contain lead are being offered for sale in the retail establishment.
- (C) Include a statement that lead is a hazardous metal and may cause serious health effects in children under seven (7) years of age.
- (D) State contact information for the department or local health department where a consumer may obtain additional information.
- (E) Contain the date of posting.

(2) Place a label, in both English and Spanish, approved by the department, on each applicable product that clearly states that the product contains or may contain lead. The label must meet the following minimum specifications:

- (A) Be of adequate size in proportion to the product.
- (B) Include a statement that lead is a hazardous metal and may cause serious health effects in children under seven (7) years of age.
- (C) State contact information for the department or local health department where a consumer may obtain additional information.
- (D) Contain the date of labeling.

(Indiana State Department of Health; 410 IAC 29-5-2; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

410 IAC 29-5-3 Consumer products disallowed

Authority: IC 16-41-39.4-7

Affected: IC 16-41-39.4

Sec. 3. (a) A person shall not sell, or offer for sale at wholesale or retail, or distribute in any manner, a consumer product, a surface coating material, a food product, or food packaging that:

- (1) is a banned hazardous substance under the federal Hazardous Substances Act (15 U.S.C. 1261(q)(1)); or
- (2) has been determined by the department to:

- (A) have a lead content that is greater than the lesser of the lead content specifications for lead paint in 16 CFR 1303.2 or state law; and
- (B) pose a danger of childhood lead poisoning because the product, material, or packaging is reasonably expected to be accessible to, chewed by, or ingested by a child who is less than seven (7) years of age.

(b) The department or local health department may at any time during regular business hours inspect any premises where consumer products are sold, offered for sale, or distributed to establish compliance.

(c) If the department has reason to believe that a person has violated this section, in addition to all other remedies, the department may take any of the following actions:

- (1) Verbally instruct the retail establishment to immediately stop offering the applicable items for sale or distribution.
- (2) Issue a cease and desist order.
- (3) Bring an action to enjoin the person from violating this section.
- (4) Seize the applicable items.
- (5) Take any other action as allowed by law.
- (d) If the department seizes items under subsection (c), the items seized shall be:
 - (1) held for a period of not less than thirty (30) days;
 - (2) stored at the owner's expense; and
 - (3) destroyed as of the date stated in the notice.

(Indiana State Department of Health; 410 IAC 29-5-3; filed Apr 20, 2009, 3:12 p.m.: 20090520-IR-410080318FRA)

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