

ADOPTIONS SECTION

HEALTH

PUBLIC HEALTH SERVICES BRANCH

DIVISION OF FAMILY HEALTH SERVICES

MATERNAL AND CHILD HEALTH SERVICES

CHILD AND ADOLESCENT HEALTH PROGRAM

Notice of Readoption

Childhood Lead Poisoning

Readoption: N.J.A.C. 8:51

Authority: N.J.S.A. 26:2-137.2 et seq., particularly 26:2-137.7.

Authorized By: Cathleen D. Bennett, Commissioner, State of New Jersey Department of Health.

Effective Date: April 12, 2017.

New Expiration Date: April 12, 2024.

Take notice that pursuant to the provisions of N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 8:51 were scheduled to expire on May 14, 2017. The rules establish standards in New Jersey for testing children for elevated blood lead levels, case management, environmental abatement, and interim controls. The Department of Health published a Notice of Proposed Amendments, Repeals, and New Rules to this chapter on December 5, 2016, at 48 N.J.R. 2516(a) which, upon adoption, would align the Department's actionable blood lead level with current Centers for Disease Control and Prevention (CDC) recommendations. In order to maintain the existing rules in effect pending the response to public comments on the rulemaking and preparation of a notice

of adoption, the Department has determined that the existing rules should be readopted without change.

The rules continue to establish uniform Statewide standards for testing children for elevated blood lead levels, case management, environmental abatement, and interim controls. Subchapter 1 continues to establish general provisions, including rules for the scope, purpose, incorporated materials, and definitions for the benefit of children, local boards of health, owners of properties that constitute a lead hazard, and laboratories that perform blood lead tests. Subchapter 2 continues to establish screening and case management standards, including standards for screening, screening methods, confirmation of blood lead test results, case management, and home visits.

Subchapter 3 continues to establish standards for reporting and confidentiality, including notification to the local boards of health, reporting by local boards of health, and confidentiality of records.

Subchapter 4 continues to establish standards for environmental intervention. These include standards for environmental intervention for all children with confirmed blood lead levels of 15 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or greater, or two consecutive test results between 10 $\mu\text{g}/\text{dL}$ and 14 $\mu\text{g}/\text{dL}$ that are at least between one month to three months apart. These also include standards for environmental intervention for children up to 72 months of age, environmental intervention for children whose age is 72 months or greater, and reporting results of environmental interventions.

Subchapter 5 continues to establish standards for determination of lead in dwelling units. These include environmental sampling methods, on-site x-ray fluorescence testing, analysis of environmental samples, and approval of other samples or testing methods.

Subchapter 6 continues to provide standards for the abatement and/or interim controls of lead hazards. These include issuance of abatement and/or interim control orders, exterior surfaces, interior surfaces, lead-contaminated soil, abatement and/or interim controls of other conditions that constitute a lead hazard, repair of conditions that cause or contribute to defective paint, and referral of ambient sources of lead.

Subchapter 7 continues to establish procedures for abatement and/or interim controls of lead hazards, including responsibility for abatement and/or interim controls of lead hazards and ongoing maintenance, construction permits required for abatements of lead hazards, procedures and work practices for abatement and interim controls, protection of dwelling occupants during abatement and interim controls work, and violations of work practice standards.

Subchapter 8 continues to establish standards for reinspection and approval of completion of abatement and/or interim controls of lead hazards, including reinspection and clearance testing.

Subchapter 9 continues to establish standards for enforcement, including penalties.

Subchapter 10 continues to establish standards for the Childhood Lead Poisoning Information Database.

Appendix A continues to establish the standard Hazard Assessment Questionnaire. Appendix B continues to establish the standard Environmental Intervention Report. Appendix C continues to establish Standard Housing Component Terminology. Appendix D continues to establish protocols for data entry in the Childhood Lead Poisoning Information Database and communication. Appendix E continues to establish the standard User Confidentiality Statement for access to the New Jersey Childhood Lead Poisoning Information Database. Appendix F continues to establish standards and the template for Notice of Violation. Appendix G continues to establish the form for Childhood Lead Poisoning Home Visits. Appendix H continues to establish the form for Universal Child Health Record. Appendix I continues to establish the form for Nutritional Assessment. Appendix J continues to establish the form for Quality Assurance and Improvement. Appendix K continues to establish the form for Childhood Lead Poisoning Case Closure.

The rules remain necessary, proper, reasonable, efficient, understandable, and responsive to the purposes for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 8:51 is readopted and shall continue in effect for a seven-year period.