Care plan for residents of public estates with elevated lead level in drinking water

- Pediatric subjects (aged under 18), lactating mother, pregnant women
- Blood lead level (BLL) reference value: 5mcg/dL
- Triage & risk stratification
- Need to involve different specialties

<table>
<thead>
<tr>
<th>BLL (mcg/dL)</th>
<th>Implication</th>
<th>Care plan</th>
<th>Action (Updated on 21.07.2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1: &lt;5</td>
<td>Normal</td>
<td>Reassurance and no further follow-up needed</td>
<td>DH will inform the result through letter and telephone.</td>
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</tbody>
</table>
| Level 2a: 5-20 | Borderline raised level | 1. Exposure assessment & health education  
2. Child development assessment  
3. Health evaluation for adults  
4. Repeat BLL test in 3 months’ time  
5. Specialist assessment when 2\textsuperscript{nd} BLL test result is >5mcg/dL | 1. DH staff to contact subjects or parents (for children) by phone to perform lead exposure assessment and provide advice to reduce lead exposure  
2. For children, DH to provide child development assessment and health education and counselling (e.g. advice on a balanced diet with adequate intake of iron and calcium)  
3. For adults, HA will arrange a health evaluation (including symptoms assessment), details to be confirmed  
4. An appointment will be arranged by HA to repeat blood lead level 3 months later  
   a. Repeat BLL at 3 months < 5 mcg/dL, phone contact subjects or parents to review symptoms, explain findings, reassure and case close  
   b. Repeat BLL at 3 months > 5 mcg/dL, refer to SOPD for medical assessment and follow-up (i.e. escalate to level 2b) |
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| Level 2b: >20 - 44 | • Raised level  
• Potential health risks  
• Need medical assessment and follow-up | 1. Exposure assessment  
2. Child development assessment  
3. Medical assessment and health evaluation  
4. Repeat BLL test as clinically indicated  
5. Health education and counselling | 1. DH staff to contact subjects or parents (for children) by phone to perform lead exposure assessment and provide advice to reduce lead exposure  
2. DH to provide child development assessment  
3. HA SOPD (Paediatrics, Obstetrics, Medicine) to arrange an appointment within 2 weeks and inform subjects/parents by phone +/- mail  
   a. to conduct clinical assessment and investigations (including repeat blood lead levels) as clinically indicated  
   b. to provide health education and counselling (e.g. advice on a balanced diet with adequate intake of iron and calcium)  
4. Further actions:  
   a. Continue follow-up in SOPD with monitoring of BLL if there is no clinical evidence of lead toxicity  
   b. Refer Toxicology Clinic in PWH or UCH if there is clinical features suspicious of lead toxicity (Level 3) |
| Level 3: >44 | • Significantly raised to toxic level  
• Risk of lead poisoning  
• Need toxicological assessment and follow-up | 1. Exposure assessment  
2. Child development assessment  
3. Arrange toxicology assessment and management within 1-2 weeks  
4. Health education and counselling | 1. DH staff to contact subjects or parents (for children) by phone to perform lead exposure assessment and provide advice to reduce lead exposure  
2. DH to provide child development assessment  
3. Toxicology Clinic in PWH or UCH to arrange an appointment within 1-2 weeks and inform subjects/parents by phone +/- mail  
   a. to conduct clinical assessment and investigations (including repeat blood lead levels) as clinically indicated to determine if subjects have lead poisoning and assess... |
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<td>the need of chelation therapy</td>
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<td>b. to provide health education</td>
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<td>and counselling (e.g. advice</td>
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<td>intake of iron and calcium)</td>
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# Care plan for residents of public estates with elevated lead level in drinking water

- Adults (excluding pregnant ladies and lactating mothers)
- Blood lead level (BLL) reference value: 10 mcg/dL
- Triage & risk stratification
- Need to involve different specialties

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<td>Level 1: &lt;10</td>
<td>Normal</td>
<td>Reassurance and no further follow-up needed</td>
<td>DH will inform the result through letter and telephone.</td>
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</tbody>
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| Level 2a: 10-25 | Borderline raised level | 1. Exposure assessment & health education  
2. Health evaluation for adults  
3. Repeat BLL test in 3 months’ time  
4. Specialist assessment when 2nd BLL test result is >10mcg/dL | 1. DH staff to contact subjects by phone to perform lead exposure assessment and provide advice to reduce lead exposure  
2. HA will arrange a health evaluation (including symptoms assessment), details to be confirmed  
3. An appointment will be arranged by HA to repeat blood lead level 3 months later  
   a. Repeat BLL at 3 months < 10 mcg/dL, phone contact subjects or parents to review symptoms, explain findings, reassure and case close  
   b. Repeat BLL at 3 months > 10 mcg/dL, refer to SOPD for medical assessment and follow-up (i.e. escalate to level 2b) |
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| **Level 2b:** >25 – 50 | • Raised level  
• Potential health risks  
• Need medical assessment and follow-up | 1. Exposure assessment  
2. Medical assessment and health evaluation  
3. Repeat BLL test as clinically indicated  
4. Health education and counselling | 1. DH staff to contact subjects by phone to perform lead exposure assessment and provide advice to reduce lead exposure  
2. HA SOPD to arrange an appointment within 2 weeks and inform subjects/parents by phone +/- mail  
   a. to conduct clinical assessment and investigations (including repeat blood lead levels) as clinically indicated  
   b. to provide health education and counselling (e.g. advice on a balanced diet with adequate intake of iron and calcium)  
3. Further actions:  
   a. Continue follow-up in SOPD with monitoring of BLL if there is no clinical evidence of lead toxicity  
   b. Refer Toxicology Clinic in PWH or UCH if there is clinical features suspicious of lead toxicity (Level 3) |
| **Level 3:** >50 | • Significantly raised to toxic level  
• Risk of lead poisoning  
• Need toxicological assessment and follow-up | 1. Exposure assessment  
2. Arrange toxicology assessment and management within 1-2 weeks  
3. Health education and counselling | 1. DH staff to contact subjects by phone to perform lead exposure assessment and provide advice to reduce lead exposure  
2. Toxicology Clinic in PWH or UCH to arrange an appointment within 1-2 weeks and inform subjects/parents by phone +/- mail  
   a. to conduct clinical assessment and investigations (including repeat blood lead levels) as clinically indicated to determine if subjects have lead poisoning and assess the need of chelation therapy  
   b. to provide health education and counselling (e.g. advice...|
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