

## 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

BLL (mcg/dL)	Implication	Care plan	Action (Updated on 21.07.2015)
Level 1: <5	<ul style="list-style-type: none"> <li>▪ Normal</li> </ul>	Reassurance and no further follow-up needed	DH will inform the result through letter and telephone.
Level 2a: 5-20	<ul style="list-style-type: none"> <li>◆ Borderline raised level</li> <li>◆ Potential health risks</li> <li>◆ Need health evaluation and follow-up</li> </ul>	<ol style="list-style-type: none"> <li>1. Exposure assessment &amp; health education</li> <li>2. Child development assessment</li> <li>3. Health evaluation for adults</li> <li>4. Repeat BLL test in 3 months' time</li> <li>5. Specialist assessment when 2<sup>nd</sup> BLL test result is &gt;5mcg/dL</li> </ol>	<ol style="list-style-type: none"> <li>1. DH staff to contact subjects or parents (for children) by phone to perform lead exposure assessment and provide advice to reduce lead exposure</li> <li>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)</li> <li>3. For adults, HA will arrange a health evaluation (including symptoms assessment) , details to be confirmed</li> <li>4. An appointment will be arranged by HA to repeat blood lead level 3 months later <ol style="list-style-type: none"> <li>a. Repeat BLL at 3 months &lt; 5 mcg/dL, phone contact subjects or parents to review symptoms, explain findings, reassure and case close</li> <li>b. Repeat BLL at 3 months &gt; 5 mcg/dL, refer to SOPD for medical assessment and follow-up (i.e. escalate to level 2b)</li> </ol> </li> </ol>

<b>BLL (mcg/dL)</b>	<b>Implication</b>	<b>Care plan</b>	<b>Action (Updated on 21.07.2015)</b>
Level 2b: >20 - 44	<ul style="list-style-type: none"> <li>◆ Raised level</li> <li>◆ Potential health risks</li> <li>◆ Need medical assessment and follow-up</li> </ul>	<ol style="list-style-type: none"> <li>1. Exposure assessment</li> <li>2. Child development assessment</li> <li>3. Medical assessment and health evaluation</li> <li>4. Repeat BLL test as clinically indicated</li> <li>5. Health education and counselling</li> </ol>	<ol style="list-style-type: none"> <li>1. DH staff to contact subjects or parents (for children) by phone to perform lead exposure assessment and provide advice to reduce lead exposure</li> <li>2. DH to provide child development assessment</li> <li>3. HA SOPD (Paediatrics, Obstetrics, Medicine) to arrange an appointment within 2 weeks and inform subjects/parents by phone +/- mail               <ol style="list-style-type: none"> <li>a. to conduct clinical assessment and investigations (including repeat blood lead levels) as clinically indicated</li> <li>b. to provide health education and counselling (e.g. advice on a balanced diet with adequate intake of iron and calcium)</li> </ol> </li> <li>4. Further actions:               <ol style="list-style-type: none"> <li>a. Continue follow-up in SOPD with monitoring of BLL if there is no clinical evidence of lead toxicity</li> <li>b. Refer Toxicology Clinic in PWH or UCH if there is clinical features suspicious of lead toxicity (Level 3)</li> </ol> </li> </ol>
Level 3: >44	<ul style="list-style-type: none"> <li>▪ Significantly raised to toxic level</li> <li>▪ Risk of lead poisoning</li> <li>▪ Need toxicological assessment and follow-up</li> </ul>	<ol style="list-style-type: none"> <li>1. Exposure assessment</li> <li>2. Child development assessment</li> <li>3. Arrange toxicology assessment and management within 1-2 weeks</li> <li>4. Health education and counselling</li> </ol>	<ol style="list-style-type: none"> <li>1. DH staff to contact subjects or parents (for children) by phone to perform lead exposure assessment and provide advice to reduce lead exposure</li> <li>2. DH to provide child development assessment</li> <li>3. Toxicology Clinic in PWH or UCH to arrange an appointment within 1-2 weeks and inform subjects/parents by phone +/- mail               <ol style="list-style-type: none"> <li>a. to conduct clinical assessment and investigations (including repeat blood lead levels) as clinically indicated to determine if subjects have lead poisoning and assess</li> </ol> </li> </ol>

<b>BLL (mcg/dL)</b>	<b>Implication</b>	<b>Care plan</b>	<b>Action (Updated on 21.07.2015)</b>
			the need of chelation therapy b. to provide health education and counselling (e.g. advice on a balanced diet with adequate intake of iron and calcium)

## 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

BLL (mcg/dL)	Implication	Care plan	Action(Updated on 21.07.2015)
Level 1: <10	<ul style="list-style-type: none"> <li>▪ Normal</li> </ul>	Reassurance and no further follow-up needed	DH will inform the result through letter and telephone.
Level 2a: 10-25	<ul style="list-style-type: none"> <li>◆ Borderline raised level</li> <li>◆ Potential health risks</li> <li>◆ Need health evaluation and follow-up</li> </ul>	<ol style="list-style-type: none"> <li>1. Exposure assessment &amp; health education</li> <li>2. Health evaluation for adults</li> <li>3. Repeat BLL test in 3 months' time</li> <li>4. Specialist assessment when 2<sup>nd</sup> BLL test result is &gt;10mcg/dL</li> </ol>	<ol style="list-style-type: none"> <li>1. DH staff to contact subjects by phone to perform lead exposure assessment and provide advice to reduce lead exposure</li> <li>2. HA will arrange a health evaluation (including symptoms assessment) , details to be confirmed</li> <li>3. An appointment will be arranged by HA to repeat blood lead level 3 months later               <ol style="list-style-type: none"> <li>a. Repeat BLL at 3 months &lt; 10 mcg/dL, phone contact subjects or parents to review symptoms, explain findings, reassure and case close</li> <li>b. Repeat BLL at 3 months &gt; 10 mcg/dL, refer to SOPD for medical assessment and follow-up (i.e. escalate to level 2b)</li> </ol> </li> </ol>

<b>BLL (mcg/dL)</b>	<b>Implication</b>	<b>Care plan</b>	<b>Action(Updated on 21.07.2015)</b>
Level 2b: >25 – 50	<ul style="list-style-type: none"> <li>◆ Raised level</li> <li>◆ Potential health risks</li> <li>◆ Need medical assessment and follow-up</li> </ul>	<ol style="list-style-type: none"> <li>1. Exposure assessment</li> <li>2. Medical assessment and health evaluation</li> <li>3. Repeat BLL test as clinically indicated</li> <li>4. Health education and counselling</li> </ol>	<ol style="list-style-type: none"> <li>1. DH staff to contact subjects by phone to perform lead exposure assessment and provide advice to reduce lead exposure</li> <li>2. HA SOPD to arrange an appointment within 2 weeks and inform subjects/parents by phone +/- mail               <ol style="list-style-type: none"> <li>a. to conduct clinical assessment and investigations (including repeat blood lead levels) as clinically indicated</li> <li>b. to provide health education and counselling (e.g. advice on a balanced diet with adequate intake of iron and calcium)</li> </ol> </li> <li>3. Further actions:               <ol style="list-style-type: none"> <li>a. Continue follow-up in SOPD with monitoring of BLL if there is no clinical evidence of lead toxicity</li> <li>b. Refer Toxicology Clinic in PWH or UCH if there is clinical features suspicious of lead toxicity (Level 3)</li> </ol> </li> </ol>
Level 3: >50	<ul style="list-style-type: none"> <li>▪ Significantly raised to toxic level</li> <li>▪ Risk of lead poisoning</li> <li>▪ Need toxicological assessment and follow-up</li> </ul>	<ol style="list-style-type: none"> <li>1. Exposure assessment</li> <li>2. Arrange toxicology assessment and management within 1-2 weeks</li> <li>3. Health education and counselling</li> </ol>	<ol style="list-style-type: none"> <li>1. DH staff to contact subjects by phone to perform lead exposure assessment and provide advice to reduce lead exposure</li> <li>2. Toxicology Clinic in PWH or UCH to arrange an appointment within 1-2 weeks and inform subjects/parents by phone +/- mail               <ol style="list-style-type: none"> <li>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</li> <li>b. to provide health education and counselling (e.g. advice</li> </ol> </li> </ol>

<b>BLL (mcg/dL)</b>	<b>Implication</b>	<b>Care plan</b>	<b>Action(Updated on 21.07.2015)</b>
			on a balanced diet with adequate intake of iron and calcium)