PROGRAMA SOBRE PLOMO Y SALUD EN EL HOGAR DEL DEPARTAMENTO DE SALUD PÚBLICA DE CONNECTICUT

HOJA INFORMATIVA

Prevención de envenenamiento por plomo

¿Dónde se encuentra el plomo?

- **Pinturas:** es posible hallar plomo en las pinturas fabricadas antes de 1978. Estas pinturas pueden encontrarse en cualquier superficie pintada de su hogar, como puertas, ventanas y porches.
- **Polvo:** el polvo con plomo en el hogar proviene de las superficies pintadas con pinturas a base de plomo que se están desprendiendo y descascarando. El lijado y rasqueteo de la pintura vieja cuando se vuelve a pintar o remodelar un lugar también pueden generar un problema con el polvo que contiene plomo.
- **Tierra:** la pintura vieja que se ha desprendido de la parte exterior de la casa sobre el suelo puede haber dejado residuos de plomo en la tierra.
- El plomo también se halla en los platos hechos de cerámica, los cristales, las latas de alimentos de países extranjeros, las cañerías del agua, las soldaduras y accesorios, en ciertos productos cosméticos para pieles de distintos orígenes étnicos y en los remedios caseros.
- Ciertos empleos y hobbies pueden exponer a los niños y adultos al plomo. Entre los ejemplos se encuentran los pintores, los remodeladores, los plomeros, los mecánicos, las personas que trabajan en puentes, en la fabricación de joyas, cerámicas, alfarería o vitrales y quienes ingresan a polígonos de tiro bajo techo.

¿Su hijo corre riesgo de envenenarsecon plomo?

Si responde afirmativamente a cualquiera de las siguientes preguntas, tal vez desee someter a su hijo a un análisis, aunque ya sea mayor.

- ¿Su hijo vive o visita con frecuencia un edificio construido antes de 1960?
- ¿Su hijo vive o visita con frecuencia un edificio construido antes de 1978 que está en proceso de reparación o remodelación o que ha sido reparado o remodelado recientemente?
- ¿Su hijo vive o visita con frecuencia un edificio cuya pintura se está desprendiendo o descascarando?
- ¿Su hijo vive con un adulto o visita con frecuencia a un adulto cuyo trabajo o hobby lo expone al plomo?
- ¿Su familia come o bebe utilizando platos o vasos fabricados fuera de los EE. UU.?
- ¿Su familia utiliza remedios caseros?

¿Cómo se envenena por plomo un niño?

- El envenenamiento por plomo suele ocurrir cuando los niños ingieren polvo que contiene plomo. Los niños también pueden comerse restos de pintura o tierra con plomo.

¿Qué provoca el plomo en el cuerpo?

- Ninguna cantidad de plomo en el cuerpo es segura. ¡El daño provocado por el plomo es para siempre! El plomo puede dañar el cerebro. Puede causar problemas de crecimiento, pérdida de audición y trastornos de aprendizaje.
- Muchos niños no exhiben signos de envenenamiento por plomo. Algunos signos de niveles altos de envenenamiento por plomo son los mismos que en otras afecciones infantiles, como el resfriado común o la dentición.

¿Qué provoca el plomo en el cuerpo? (cont.)

- Si una mujer embarazada se encuentra en un ambiente donde hay plomo, ella y el bebé por nacer pueden envenenarse por plomo. El plomo puede causar un daño prolongado a la madre y al bebé.

¿Cómo se puede reducir el riesgo?

Reemplace, arregle o gestione todos los peligros relacionados con el plomo en forma segura.

Pasos a seguir para evitar que los niños se envenenan por plomo:

- Mantener a los niños y a las mujeres embarazadas alejadas de todo peligro relacionado con el plomo.
- Limpiar el polvo con plomo y la pintura desprendida en los alféizares y huecos de las ventanas con un paño húmedo o limpiar los pisos con agua. NO limpiar en seco ni usar una aspiradora, ya que esto puede esparcir el polvo que contiene plomo.
- Bloquear los lugares donde hay pintura desprendida o descascarada. No usar ventanas con pintura desprendida.
- Trasladar la habitación o el área de juegos de los niños a un espacio donde no haya pintura desprendida o descascarada.
- Colocar felpudos lavables dentro y fuera de las puertas de entrada.
- Hacer que las personas se quiten los zapatos antes de ingresar a la casa.
- No permitir que los niños (o mascotas) jueguen con tierra.
- Lavar y secar las manos, los juguetes y chupetes de los niños a menudo. Lavar y secar las manos de los niños antes de jugar, de comer y al acostarse.
- Usar agua fría de la canilla para beber, cocinar y preparar la leche de fórmula. Dejar correr el agua entre 1 y 2 minutos antes de usarla.
- Ofrecer a los niños comidas y bocadillos sanos. Si una persona tiene el estómago vacío, el plomo se absorbe con más rapidez que con el estómago lleno.

Pasos que los adultos pueden seguir para ayudar a evitar que ellos o niños se envenenan por plomo debido a su trabajo o hobby:

- No comer, beber ni fumar en su lugar de trabajo o hobby.
- Lavarse las manos y el rostro antes de comer, fumar o beber.
- Usar vestimenta de protección (como guantes descartables, gorra y fundas para zapatos) al trabajar con plomo. Usar un espirador aprobado por el Instituto Nacional de Salud y Seguridad Ocupacional (NIOSH).
- Ducharse, lavarse el cabello y colocarse ropa y zapatos limpios antes de dejar el área de trabajo. Si queda polvo en la vestimenta, puede contaminar su casa y automóvil.
- Colocar la ropa y los zapatos de trabajo en bolsas de plástico selladas.
- Lavar la ropa de trabajo en una carga separada de la ropa sucia de la familia.

¿Es necesario someter su hijo a la prueba para detectar envenenamiento por plomo?

- Sí, todos los niños que tengan entre 1 y 2 años de edad deben someterse a la prueba de detección de envenenamiento por plomo. ¡Es la ley!
- Los análisis de sangre indicarán la cantidad de plomo en la sangre de su hijo al momento del análisis. Si el nivel es alto, su hijo necesitará pruebas adicionales.
- Si su hijo está en riesgo en otras edades, también debe someterlo a los análisis en esos momentos.

Programa sobre Plomo y Salud en el Hogar de Connecticut

(860) 509-7299

www.ct.gov/dph/lead **www.ct.gov/dph/healthyhomes**

CT DPH LEAD & HEALTHY HOMES PROGRAM

HOJA DE DATO

Comer Saludable Ayuda Prevenir El Envenenamiento De Plomo

El plomo engaña el cuerpo haciéndole creer que es hierro, calcio o cinc. Comer saludable para que el cuerpo absorbe menos plombo.

¡No deje que su niño esté con el estómago vacío!

Cinco Grupos Básicos de Alimentos

- Pan, cereal y granos
- Verduras
- Frutas
- Leche y productos lácteos
- Carne, pollo, pescado, nueces y frijoles o lentejas

Alimentos Ricos en Calcio

- Leche (al menos 2 pero no más de 3 tazas al día)
- Yogur
- Queso (para entrecomidas, para cocinar fideos, pizza, tortillas, verdures)
- Comidas hechas con leche (budín, sopa, helado, natilla)
- Sardinas o salmon en lata (con espinas)
- Verduras verdes (col, col verde, broccoli)

Alimentos Ricos en Cinc

- Pollo o pavo
- Carne sin grasa
- Pescado
- Leche y queso
- Almejas, ostras, mejillones y cangrejo
- Frijoles y lentejas
- Huevos

Alimentos Ricos en Hierro

- Carne roja sin grasa, pollo, pavo y pescado
- Cereal frío y caliente fortificado con hierro
- Almejas, ostras y mejillones (en lata para sopa o salsa para pasta)
- Verduras de hoja verde oscuro
- Frijoles, garbanzos o lentejas (pintos, rojos, azules, morados, garbanzo)
- Huevos
- Frutas secas

El hierro que contienen las verduras, los granos, los frijoles, las nueces y los huevos puede ser major aprovechado por el cuerpo si se come con un alimento alto en contenido de Vitamina C en la misma comida. Las naranjas, las toronjas, las fresas, los melones, los pimientos verdes, la coliflor, el broccoli y las papas son alimentos altos en contenido de Vitamina C.

Healthy Tips:

- No fría alimentos. Hornee o áselos.
- Trate de no comer alimentos con mucha grasa. Cuando coma ellos, coma pequeñas porciones.
- La vitamina C ayuda su cuerpo absorbe hierro.
- Los niños menores de 2 años deben tomar leche sin desnatar después de dejar la fórmula o el pecho. La mayoría de los niños de 2 años o mayores pueden tomar leche desnatada. Los niños con alergia a la leche pueden comer tofu, verduras de hoja verde y sardinas o salmón en lata para satisfacer sus necesidades de calcio.
- Los niños pequeños necesitan porciones más pequeñas que los niños grandes o los *adultos, y las personas más activas necesitan porciones más grandes de cada uno de los 5 grupos de alimentos.*

Connecticut Lead and Healthy Homes Program

(860) 509-7299

www.choosemyplate.gov

www.ct.gov/dph/lead **www.ct.gov/dph/healthyhomes**

Estimado Padre o Tutor:

Desde el nacimiento hasta la edad de tres años, los bebés tienen MUCHO que aprender.
El ayudar a su niño(a) a estar sano y listo para aprender es una parte importante del trabajo de usted como padre/madre o tutor. Dando buenos alimentos a su niño(a), manteniendo a su niño(a) activo, compartiendo libros y música, acurrucándole, y jugando con él/ella son maneras en que usted puede ayudar a su niño(a) a aprender y crecer.

Altos niveles de plomo en la sangre pueden perjudicar la capacidad de un niño(a) para aprender. Su niño(a) tiene un nivel en la sangre que puede dañar el cerebro de su niño(a) y afectar el éxito de su niño(a) más tarde en la escuela. Usted necesita tomar medidas para mantener a su niño(a) seguro y saludable:

- **Encuentre las fuentes del plomo** que se ha introducido en la sangre de su niño(a). Estas fuentes podrían ser:
  - Pintura de plomo en su hogar
  - Plomo en juguetes
  - Plomo en la tierra afuera de su hogar o de la guardería de su niño(a).
  - Plomo en algunos suplementos de salud (incluso aquellos rotulados "orgánicos") aparte de aquellos recetados por un proveedor médico
  - Tubería de plomo suministrando agua que se use para beber o cocinar
  - Plomo en su lugar de trabajo que usted pudiese llevar a casa accidentalmente

  Una vez que usted encuentre una fuente, averigüe cómo ***¡deshacerse de ella!***

- **Motive a su niño(a) a comer alimentos que podrían reducir la cantidad de plomo que su niño(a) absorbe.**
  - Dele a su niño(a) alimentos que contengan **calcio**. Estos alimentos incluyen la leche, queso, yogur, brócoli , sardinas, y salmón enlatado.
  - Dele a su niño(a) alimentos que contengan **hierro**. Estos alimentos incluyen carne roja magra, pollo, pavo, sardinas, y atún.
  - Alimentos con **vitamina C** (tales como chinas/naranjas, fresas, pimientos verdes, y papas) ayudan a su niño(a) a absorber el hierro.

- **Vigile la manera en que su niño(a) está aprendiendo.**
  - ¿Hace su niño muchas de las cosas esperadas para su edad, o le faltan algunas destrezas importantes (vea el folleto adjunto "*Your Baby Deserves a Good start in Life!!*" - *"¡¡Su bebé merece un buen comienzo en la vida!!"*)? Hable con el médico de su niño(a), lea un buen libro sobre el desarrollo infantil, o vaya al Internet para aprender cuáles cosas se espera que un niño pueda hacer a cada edad.
  - Si usted cree que su niño(a) *no* está desarrollándose y aprendiendo nuevas destrezas como otros niños de la misma edad, llame a la Línea "Infoline" del Desarrollo Infantil al 1-800-505-7000 y hable con ellos respecto a sus preocupaciones.
  - Si su niño(a) es menor de tres años y no se está desarrollando bien, usted puede pedir una evaluación gratis del desarrollo del Sistema para Infantes a Tres Años de Connecticut.
  - Help Me Grow *(Ayúdame a Crecer)* es otro programa que puede ayudarle a encontrar apoyos comunitarios y monitorear el desarrollo de su niño(a) hasta e incluyendo la edad de cinco años.
  - Si su niño(a) está en la escuela, hable con su distrito escolar local para una evaluación.

Para más información acerca del plomo, hable con el médico de su niño(a) o vaya al www.ct.gov/dph
Para más información acerca del Sistema para Infantes a Tres Años, vaya al www.birth23.org
Para más información acerca del desarrollo infantil, llame a la Línea "Infoline" del Desarrollo de los Niños al 1-800-505-7000

This document has been prepared by the Connecticut Department of Public Health (DPH) to assist Local Health Departments in providing applicable excerpts of lead abatement laws and regulations to parents or guardians of children with reportable blood lead levels ≥ 10μg/dl.

The text below is not a complete version of the Connecticut General Statutes relating to lead or the Regulations of Connecticut State Agencies (RCSA) - Lead Poisoning Prevention and Control Regulations. The excerpts below may apply to you for addressing the elevated blood lead level of your child. If you want to review a full copy of the Connecticut General Statutes relating to lead or the Connecticut Department of Public Health Lead Poisoning Prevention and Control Regulations please refer to the DPH website at: www.ct.gov/dph/lead.

Connecticut General Statutes (CGS)

CGS Sec. 19a-110. (Formerly Sec. 19-65e). Report of lead poisoning. Availability of information regarding lead poisoning.

(a) Not later than forty-eight hours after receiving or completing a report of a person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead, each institution licensed under sections 19a-490 to 19a-503, inclusive, and each clinical laboratory licensed under section 19a-30 shall report to (1) the Commissioner of Public Health, and to the director of health of the town, city or borough in which the person resides: (A) The name, full residence address, date of birth, gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead; (B) the name, address and telephone number of the health care provider who ordered the test; (C) the sample collection date, analysis date, type and blood lead analysis result; and (D) such other information as the commissioner may require, and (2) the health care provider who ordered the test, the results of the test. With respect to a child under three years of age, not later than seventy-two hours after the provider receives such results, the provider shall make reasonable efforts to notify the parent or guardian of the child of the blood lead analysis results. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner or to the director of health. The commissioner, after consultation with the Chief Information Officer of the Department of Information Technology, shall determine the method and format of transmission of data contained in said report.

(d) The director of health of the town, city or borough shall provide or cause to be provided, to the parent or guardian of a child reported, pursuant to subsection (a) of this section, with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, information about potential eligibility for services for children from birth to three years of age pursuant to sections 17a-248 to 17a-248g, inclusive, and laws and regulations concerning lead abatement. Said information shall be developed by the Department of Public Health and provided to each local and district director of health. With respect to the child reported, the director shall conduct an on-site inspection to identify the source of the lead causing a confirmed venous blood lead level equal to or greater than fifteen micrograms per deciliter but less than twenty micrograms per deciliter in two tests taken at least three months apart and order remediation of such sources by the appropriate persons responsible for the conditions at such source. On and after January 1, 2012, if one per cent or more of children in this state under the age of six report blood lead levels equal to or greater than ten micrograms per deciliter, the director shall conduct such on-site inspection and order such remediation for any child having a confirmed venous blood lead level equal to or greater than ten micrograms per deciliter in two tests taken at least three months apart.

Explanation: Section (a) explains that 1) the lab is required to report your child's elevated blood lead level to the State Department of Public Health and the local health department, and 2) your medical provider is required to notify you of your child's elevated blood lead level. Section (d) explains that 1) the local health department must give lead poisoning prevention educational information to the parents (you) of a child with an elevated blood lead level and 2) the local health department is required to perform a lead inspection of your home or apartment if your child has two blood tests (from the vein) with the result of 15 micrograms per deciliter (μg/dL) or higher taken three months apart.

Sec. 19a-111. (Formerly Sec. 19-65f). Investigation. Preventive measures. Relocation of families. Reports. Regulations.

Upon receipt of each report of confirmed venous blood lead level equal to or greater than twenty micrograms per deciliter of blood, the local director of health shall make or cause to be made an epidemiological investigation of the source of the lead causing the increased lead level or abnormal body burden and shall order action to be taken by the appropriate person or persons responsible for the condition or conditions which brought about such lead poisoning as may be necessary to prevent further exposure of persons to such poisoning. In the case of any residential unit where such action will not result in removal of the hazard within a reasonable time, the local director of health shall utilize such community resources as are available to effect relocation of any family occupying such unit. The local director of health may permit occupancy in said residential unit during abatement if, in his judgment, occupancy would not threaten the health and well being of the occupants. The local director of health shall, within thirty (30) days of the conclusion of his investigation, report to the commissioner of public health the result of such investigation and the action taken to insure against further lead poisoning from the same source, including any measures taken to effect relocation of families. Such report shall include information relevant to the identification and location of the source of lead poisoning and such other information as the commissioner may require pursuant to regulations adopted in accordance with the provisions of chapter 54. The commissioner shall maintain comprehensive records of all reports submitted pursuant to this section and section 19a-110. Such records shall be geographically indexed in order to determine the location of areas of relatively high incidence of lead poisoning. The commissioner shall prepare a quarterly summary of such records which he shall keep on file and release upon request. The commissioner shall establish, in conjunction with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control for assessment of the risk of lead poisoning, screening for lead poisoning and treatment and follow-up care of individuals including children with lead poisoning, women who are pregnant and women who are planning pregnancy. Nothing in this section shall be construed to prohibit a local building official from requiring abatement of sources of lead.

Explanation: This section explains that if your child has a venous (from the vein) blood lead level of 20 micrograms per deciliter (µg/dL), the local health department must perform a lead inspection in your home or apartment. The local health department will also fill out a questionnaire (epidemiological investigation form) with you to find out more about your child and his/her habits. If lead hazards are found then the local health department will order the property owner to address the hazards. If the local health department determines that the hazards will not be fixed in a timely manner they will assist in relocating you and your family. The local health department will also determine if it is safe for you and your family to stay in your home/apartment during lead abatement. The local health department is then responsible for submitting all investigation findings to the State Department of Public Health.

Sec. 19a-111c. Abatement of lead in dwellings. List of encapsulant products. Regulations.

(a) The owner of any dwelling in which the paint, plaster or other material is found to contain toxic levels of lead and in which children under the age of six reside, shall abate, remediate or manage such dangerous materials consistent with regulations adopted pursuant to this section. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to establish requirements and procedures for testing, remediation, abatement and management of materials containing toxic levels of lead. For the purposes of this section, "remediation" means the use of interim controls, including, but not limited to, paint stabilization, spot paint repair, dust control, specialized cleaning and covering of soil with mulch.

(b) The commissioner shall authorize the use of any liquid, cementitious or flexible lead encapsulant product which complies with an appropriate standard for such products developed by the American Society for Testing and Materials or similar testing organization acceptable to the commissioner for the abatement and remediation of lead hazards. The commissioner shall maintain a list of all such approved lead encapsulant products that may be used in this state for the abatement and remediation of lead hazards.

Explanation: Section (a) explains that if toxic levels of lead are found in a home/apartment where a child under the age of six lives it must be abated or remediated according to the regulations. Section (b) explains that the State health department approves encapsulant products and these are the only ones that can be used for a lead abatement project.

RCSA - CONNECTICUT DEPARTMENT OF PUBLIC HEALTH LEAD POISONING PREVENTION AND CONTROL REGULATIONS

19a-111-2 Applicability of regulations

(a) When a child resides in a dwelling unit all defective lead-based surfaces shall be abated. A property owner may not avoid abatement by taking eviction action against a family with a child.

(b) When a child resides in a dwelling all defective exterior surfaces and all defective surfaces in common areas containing toxic levels of lead shall be abated.

(c) When a child has an elevated blood lead level then abatement shall include all lead-based chewable surfaces whether or not that surface is defective and all lead-based movable parts of windows and surfaces that rub against movable parts of windows.

(d) When a child resides in a dwelling requiring lead abatement, interior dust, drinking water and exterior soil shall be assessed. When soil or sand areas that are not covered by grass, sod, other live ground covers, wood chips, gravel, artificial turf, or similar covering are found to contain lead concentrations in excess of 400 parts per million, such bare soil or sand areas shall be abated. When lead dust hazards are found to be a source or a potential source of elevated blood lead in a child, lead dust shall be reduced to a safe level using appropriate cleaning methods. When lead in drinking water is determined to be a source or potential source of elevated blood lead in a child, appropriate remedial action approved by the local director of health shall be implemented.

(e) Intact surfaces containing toxic levels of lead except as noted in section 19a-111-(c) of regulations of Connecticut State Agencies are not required to be abated by these regulations, however, when a child resides in a dwelling the owner shall have a lead management plan written within sixty (60) days of receipt of inspection results. The plan shall be implemented and kept by the owner and transferred with ownership upon transfer of title. The management plan shall identify the location of intact lead surfaces and describe how these intact surfaces will be monitored on a regular basis by the owner to ensure that if they become defective, the surfaces will be identified and abated. The plan must be submitted to the local director of health or the commissioner upon request.

Explanation: These sections explain when the Regulations apply and what needs to be abated (fixed) by the property owner.

RCSA 19a-111-3 Inspections, reports and notifications

(c) Inspection priorities - Code enforcement agencies shall carry out inspections according to the following priorities:

(1) Elevated blood lead level - As part of an epidemiological investigation of a child's elevated blood lead level, dwelling units in which the child resides shall be inspected for toxic levels of lead by the local director of health. This epidemiological investigation shall begin within five (5) working days after notification of the local director of health by the child's physician, hospital, clinic or by the state lead poisoning prevention program and be completed as expeditiously as possible.

(2) Other dwellings - Inspections shall begin within thirty (30) working days and be completed as expeditiously as possible in all dwelling units in which a child resides in the same building as those identified under section 19a-111-3(c)(1) of regulations of Connecticut State Agencies.

Explanation: Section (1) explains that the home of a child with a blood lead level of 20µg/dL must be inspected by the local health department. Section (2) explains that other dwelling units/apartments (in the building) in which children under the age of six live must be inspected by the local health department.

RCSA 19a-111-4 Abatement of toxic levels of lead

(b) Notice to residents - Prior to beginning a lead abatement project, the owner shall give the affected premises or dwelling unit residents a minimum of five (5) working days written notice of the date the abatement will begin. This notice shall inform the residents of their rights and responsibilities in accordance with general statutes section 19a-111 and sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies and state which surfaces or soil areas shall be abated.
Explanation: Section (b) explains that the property owner must provide the tenant (you if you are renting) with written notice at lead 5 days before the start of abatement.

(c) Methods of abatement - The owner of a dwelling is responsible for proper abatement of toxic levels of lead in dwelling units where a child resides. All defective paint, plaster or other material containing toxic levels of lead on both interior and exterior surfaces and soil areas and fixtures shall be adequately abated by proper preparation, containment, abatement, clean-up, and waste disposal.

Explanation: Section (c) explains that the property owner is responsible for abating (fixing) the lead hazards.

(1) Preparation prior to abatement

(B) Packing residents' belongings - The residents shall pack their belongings in easily handled containers. The owner shall have these belongings moved from the abatement area to a secure area where the residents can have access to their belongings on a daily basis. Belongings must be moved unless abatement methods of replacement or encapsulation are used in a limited area and very little dust is expected to be generated and the abatement plan specifies that the belongings will remain in the abatement area.

(C) Covering residents' belongings - The abatement contractor shall ensure that all permanent fixtures are covered with 6-mil polyethylene sheeting and sealed with duct tape.

Explanation: Section 1 (B) explains that the tenant/renter must pack their belongings and the property owner is responsible for moving these belongings so the tenant/renter can use them as needed during the abatement. Section (C) explains that the property owner must cover objects in the home/apartment that cannot be moved, such as a refrigerator and a built-in bookcase.

(3) Abatement - Defective lead-based surfaces requiring abatement shall be abated by either replacement, encapsulation or removal methods. Repainting or use of paper or vinyl wall covering without abating the defective lead-based surface does not constitute compliance with sections 19a-111-1 through 19a-111-11 of the regulations of Connecticut State Agencies. Appropriate worker protection practices shall be followed as specified in section 19a-111-6 of the regulations of Connecticut State Agencies.

(e) Occupancy - Prior to re-occupancy of the abatement area the lead inspector shall ensure through re-inspection that the lead abatement plan has been followed and that the following criteria are met.

(1) Every building component upon which removal of lead based surfaces has been performed will be tested using XRF, AAS, GFAAS, or ICP-AES technologies. Successful abatement of these components consists of either meeting the XRF testing criteria defined in 19a-111-3(a)(1) through 19a-111-3(a)(3) or by AAS, GFAAS, or ICP –AES analysis of every component abated and determination of a level of lead less than toxic.

(2) Samples of dust shall be collected at the following locations in each room or area where lead-based paint has been abated. Additionally, if only a portion of a dwelling unit has been abated, a sample shall be collected from the floor outside the containment within ten (10) feet of the entrance to the abatement area upon completion of abatement activities. Any samples collected under this section shall have lead in dust levels that are below the following clearance criteria for reoccupancy to be allowed:

(A) floors - 40 µg/sq. ft. (micrograms per square foot);
(B) window sills – 250 µg/sq. ft.;
(C) window wells – 400 µg/sq. ft.

(3) When abatement methods of replacement or encapsulation are used in a limited area and very little dust is expected to be generated then clearance dust monitoring may be less than specified in section 19a-111-4(e)(2) if the alternative dust monitoring is specified in the lead abatement plan.

Explanation: Section 3 explains the methods the property owner can use for abatement. Section 3 (e) explains that before you can move back in to the home/apartment the local health department must perform a reinspection and say it is safe for you and your family to return.

RCSA 19a-111-5 Time periods for compliance

The local director of health shall ensure that lead abatement projects be completed in a timely fashion according to the time frames specified in the lead abatement plan and according to the following schedule. However, the local director of health may shorten this timetable when he/she deems it necessary for prevention of an imminent health hazard.

Explanation: This section explains that the local Director of Health must make sure that the abatement is moving along. Remember some projects take longer than others because of the amount of work.

RCSA 19a-111-7 Absence of non-workers during abatement

(a) Residents - Residents shall not occupy a room or work area where on-site lead paint abatement is occurring. The lead work areas where lead abatement is occurring must be sealed from the remainder of the dwelling according to section 19a-111-4 of the regulations of Connecticut State Agencies.
(b) Work area - No person shall enter or remain in a work area at any time during a lead abatement project which involves the on - site removal of lead paint, except for the lead abatement contractor and lead abatement workers, federal, state, and local enforcement officials and their designees, lead inspectors, and the property owner or the owner's designee.

(3) At all times when a lead abatement project is being conducted in a common area of a dwelling occupied by two (2) or more dwelling units:
(A) residents shall use alternative entrances and exits which do not require passage through the abatement area, if any such entrance and exit exists

Explanation: This section explains that you are not allowed to be in the area where lead abatement work is happening.

Example: If you have moved out of your home/apartment and abatement work is being done you cannot go back in to the home/apartment until the work is complete and the local health department says it is safe for you to return.

Example: If work is being done on just one room of the apartment, the room can be sealed off and you may continue living in the home/apartment (with local health department approval), but you cannot enter the room where the abatement work is being done. It is an unsafe work area.

19a-111-1 Definitions. As used in sections 19a -111-1 thru 19a-111-11 inclusive:

(1) "**Abatement**" means any set of measures designed to eliminate lead hazards in accordance with standards established pursuant to Sections 20 -474through 20-482 and subsections (e) and (f) of Section 19a -88 of the Connecticut General Statutes and regulations of Connecticut State Agencies sections 19a-111-1 through 19a-111-11 and 20-478-1 and 20-478-2 including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and all preparation, clean -up, disposal and reoccupancy clearance testing.
(2) "**Abatement area**" means a room or area isolated with containment in accordance with subdivision 19a -111-4(c)(2) of the regulations of Connecticut State Agencies where lead abatement is occurring.
(32) "**Elevated blood lead level**" means a blood lead concentration equal to or greater than twenty (20) micrograms per deciliter (µg/dl) or as defined by Connecticut General Statutes section 19a -111.
(35) **"Epidemiological investigation"** means an examination and evaluation to determine the cause of elevated blood lead levels. An epidemiological investigation will include an inspection conducted by a lead inspector to detect lead-based paint and report of findings. This investigation must also include evaluation of other sources such as soil, dust, pottery, gasoline, toys, or occupational exposures, to determine the cause of elevated blood lead levels. The investigation may also include isotopic analysis of lead-containing items.