

NYS Regulations for Lead Poisoning Prevention and Control - NYCRR Title X, Part 67

Title: Part **67** - Lead Poisoning Prevention And Control

Amended effective June 20, 2009

(Statutory Authority: Public Health Law, section 206 (1) (n) and Title X of Article 13)

SUBPARTS

67-1 Screening and follow-up

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SubPart 67-1: Lead Screening and Follow-Up

Title: SubPart 67-1 - Screening and Follow-Up

Initially adopted December 22, 1993
Amended effective June 20, 2009

(Statutory Authority: Public Health Law, section 206 and Title X of Article 13)

Sections

67-1.1 Definitions

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67-1.6 Role of local health units

Title: Section 67-1.1 - Definitions

Effective Date: 06/20/2009

Section 67-1.1 Definitions. The following definitions apply to this Part:

(a) "Anticipatory guidance" means providing parents or guardians of children under the age of six and pregnant women with information regarding the major causes of lead poisoning and means of preventing lead exposure. Such guidance shall be pertinent to the environment of the child or pregnant woman.

(b) "Certificate of lead screening" means documentation prepared by the health care provider who ordered the blood lead test for the child indicating the date the test was performed.

(c) "Child" shall refer to an individual from birth to less than eighteen years, unless otherwise specified.

(d) "Confirmed blood lead level" means a blood lead concentration measured on venous blood.

(e) "Elevated blood lead level" means a blood lead concentration equal to or greater than 10 micrograms per deciliter of whole blood.

(f) "Environmental management" means environmental investigation and exposure assessment, sampling for lead, environmental testing and reporting, notice and demand of discontinuance of conditions conducive to lead poisoning, environmental intervention and abatement, and enforcement in accordance with Subpart **67-2**.

(g) "Follow-up" means actions by local health units and health care providers which, depending on the blood lead level and exposure history of the child, shall include as appropriate: risk reduction education, follow-up testing, confirmatory testing, diagnostic evaluation, medical management, environmental management and case management, in accordance with generally accepted medical standards and public health guidelines.

(h) "Health care provider" means any health care practitioner who is authorized to order a blood lead test and any facility licensed pursuant to Article 28 of the Public Health Law.

(i) "Lead screening" means measuring lead concentration in whole blood to identify elevated blood lead levels.

Title: Section 67-1.2 - Lead screening and follow-up of children by health care providers

Effective Date: 06/20/2009

67-1.2 Lead screening and follow-up of children by health care providers.

(a) Lead screening and follow-up of children by primary health care providers.

(1) At each routine well-child visit, or at least annually if a child has not had routine well-child visits, primary health care providers shall assess each child

who is at least six months of age but under six years of age, for high dose lead exposure using a risk assessment tool based on currently accepted public health guidelines. Each child found to be at risk for high dose lead exposure shall be screened or referred for lead screening.

(2) Primary health care providers shall provide the parent or guardian of each child under six years of age anticipatory guidance on lead poisoning prevention as part of routine care.

(3) Primary health care providers shall screen or refer each child for blood lead screening, at or around one and two years of age, preferably as part of routine well child care.

(4) The Commissioner of Health may provide recommended alternative schedules for other high risk groups as deemed necessary.

(5) Results of blood lead analysis performed in a health care practitioner's office pursuant to Public Health Law Section 579(1) that is certified by the Centers for Medicare and Medicaid Services under regulations implementing the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) must be reported to the Commissioner of Health and to the local health officer in whose jurisdiction the subject of the test resides. Such results shall be reported within fourteen business days of the date of analysis and on such forms as prescribed by the Commissioner of Health. Such reports must include the subject's name, date of birth, race, gender, address, county of residence, type of sample (venous or fingerstick) and blood lead level; the health care practitioner ordering the test, facility identifiers, the date of sample collection, and the date of analysis.

(6) Each primary health care provider who screens a child for elevated blood lead levels shall explain the blood lead test results and provide documentation of lead screening to the parent or guardian of the child or other person authorized to consent for the medical care of the child.

(7) Primary health care providers shall provide or make reasonable efforts to ensure the provision of follow-up testing for each child with an elevated blood lead level in accordance with currently accepted medical standards and public health guidelines.

(8) Primary health care providers shall provide or make reasonable efforts to ensure the provision of risk reduction education and nutritional counseling for each child with an elevated blood lead level equal to or greater than 10 micrograms per deciliter of whole blood.

(9) Primary health care providers shall confirm blood lead levels equal to or greater than 10 micrograms per deciliter of whole blood obtained on a capillary specimen from a child using a venous blood sample.

(10) For each child who has a confirmed blood lead level equal to or greater than 15 micrograms per deciliter of whole blood, primary health care providers shall provide or make reasonable efforts to ensure the provision of a complete diagnostic evaluation; medical treatment, if necessary; and referral to the appropriate local or State health unit for environmental management. A complete diagnostic evaluation shall include at a minimum: a detailed lead exposure assessment, a nutritional assessment including iron status, and a developmental screening.

(11) Primary health care providers shall communicate and coordinate as appropriate with local health units to ensure that each child with an elevated blood lead level receives appropriate follow-up, as prescribed above in paragraphs (6) through (10) of this Section.

(b) Lead screening and follow-up of children by non-primary care providers.

(1) A health care provider that provides services to a child who is at least 6 months of age but under 6 years of age and who is not the child's ongoing primary care provider, such as a hospital inpatient facility, an emergency service if the child's condition permits, or other facility or practitioner which provides services to the child on a one-time or walk-in basis, shall inquire if the child has been appropriately assessed and screened for elevated blood lead levels in accordance with the schedule prescribed in paragraphs (1) and (3) of subdivision **67-1.2(a)**.

(2) If the child has not received such appropriate lead screening, the health care provider shall screen the child for elevated blood lead levels, or refer the child to the child's primary health care provider or, if the child's primary care provider is unavailable or the child has no primary health care provider, to another primary health care provider, or to the local health unit to obtain a blood lead test.

(3) If screening is performed, the blood lead test result shall be sent to the child's primary care provider or to the local health unit to enable appropriate follow-up in accordance with paragraphs (a)(6) through (11) of this section.

Title: Section 67-1.3 - Laboratory testing and specimen collection

Effective Date: 06/20/2009

67-1.3 Laboratory testing and specimen collection.

(a) All blood lead tests shall be performed by (i) a clinical laboratory approved for toxicology-blood lead under Article 5, Title V of the Public Health Law; (ii) a health care practitioner's office pursuant to Public Health Law Section 579(1) that is certified by the Centers for Medicare and Medicaid Services under regulations implementing the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA); or (iii) an entity exempt from the requirements of Public Health Law Article 5, Title V pursuant to Section 579(3) of that Title, that holds a certificate of registration issued by the department and is authorized to conduct blood lead analyses.

(b) Venous blood is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practicable.

(c) Fingertick blood specimens are acceptable for lead screening if appropriate collection procedures are followed to minimize the risk of environmental lead contamination. Instructions regarding appropriate collection procedures for fingertick specimens may be obtained from laboratories approved for toxicology-blood lead under Article 5, Title V of the Public Health Law.

Title: Section 67-1.4 - Lead screening status of children who enroll in preschool or child

Effective Date: 06/20/2009

67-1.4 Lead screening status of children who enroll in preschool or child care.

(a) Prior to or within three months of initial enrollment, each child care provider, public and private nursery school and preschool, licensed, certified or approved by any State or local agency shall obtain a written statement signed by a health care provider that documents lead screening for any child

at least one year of age but under six years of age, and retain such documentation until one year after the child is no longer enrolled.

(b) When no documentation of lead screening exists, the child shall not be excluded from attending nursery school, preschool or childcare, however, the child care provider, principal, teacher, owner or person in charge of the nursery school or preschool shall provide the parent or guardian of the child with information on lead poisoning and lead poisoning prevention and refer the parent or guardian to the child's primary health care provider or, if the child's primary care provider is unavailable or the child has no primary health care provider, to another primary care provider or to the local health unit to obtain a blood lead test.

(c) Each child care provider, public and private nursery school and pre-school licensed, certified or approved by any State or local agency is exempt from the requirement to obtain, prior to or within three months of initial enrollment of children under six years of age, evidence that said children have been screened for elevated blood lead levels until April 1, 1994.

Title: Section 67-1.5 - Lead screening and follow-up of pregnant women by prenatal providers

Effective Date: 12/22/93

Part **67-1.5** Lead screening and follow-up of pregnant women by prenatal care providers.

(a) Prenatal health care providers shall provide each pregnant woman anticipatory guidance on lead poisoning prevention during pregnancy, and shall assess each pregnant woman at the initial prenatal visit for high dose lead exposure using a risk assessment tool. A risk assessment tool shall be recommended by the State Commissioner of Health.

(b) Prenatal health care providers shall screen or refer for blood lead screening each pregnant woman found to be at risk for current high dose lead exposure.

(c) Prenatal health care providers shall provide each pregnant women, who has a confirmed blood lead level equal to or greater than 10 micrograms per deciliter of whole blood, risk reduction counselling in accordance with guidelines recommended by the State Commissioner of Health.

(d) Prenatal care providers shall refer each pregnant woman, who has a confirmed blood lead level equal to or greater than 10 micrograms per deciliter of whole blood and who may have been occupationally exposed to lead, to an occupational health clinic for individual guidance.

(e) Prenatal care providers shall provide anticipatory guidance to each woman at her postpartum visit on the prevention of childhood lead poisoning.

Title: Section 67-1.6 - Role of local health units.

Effective Date: 12/22/93

67-1.6 Role of local health units.

(a) Local health units shall provide public and professional education and community outreach on lead poisoning prevention.

(b) Local health units shall provide blood lead screening or arrange for blood lead screening for each child who requires screening as provided in section 67-1.4 of this Subpart and whose parent or guardian is unable to obtain a lead test for their child because the child is uninsured or the child's insurance does not cover lead screening.

(c) Local health units shall establish a sliding fee schedule for blood lead screening of children from families with incomes in excess of 200% of the federal poverty level, pursuant to Section 606 of the Public Health Law, and shall collect fees for blood lead testing from third party payors, when available.

(d) Local health units shall provide environmental management as required under this Part.

(e) Local health units shall provide data to identify exposure patterns and high risk populations for strategic planning for lead poisoning prevention at the State and local level.

(f) Local health units shall institute measures to identify and track children with elevated blood lead levels to assure appropriate follow-up.

(g) Local health units who serve as a child's primary health care provider shall carry out activities in accordance with paragraphs (1) through (9) of section 67-1.2(a).

SubPart 67-2: Environmental Assessment and Abatement

Title: SubPart 67-2 - Environmental Assessment and Abatement

Initially Adopted: January 4, 1995

(Statutory authority: Public Health Law, Section 206(1)(n) and 1370-a)

Sections

67-2.1 Purpose

67-2.2 Definitions

67-2.3 Environmental investigation

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67-2.5 Environmental testing and reporting

67-2.6 Notice and demand

67-2.7 Environmental intervention and abatement

67-2.8 Enforcement

Title: Section 67-2.1 - Purpose

Effective Date: 01/04/1995

Section 67-2.1 Purpose. The purpose of this regulation is to define requirements for the assessment and abatement of conditions conducive to lead poisoning.

Title: Section 67-2.2 - Definitions

Effective Date: 01/04/1995

67-2.2 Definitions. As used in this Subpart, the following words and terms shall have the stated meaning:

(a) Abatement includes all actions necessary to discontinue a condition conducive to lead poisoning and may include encapsulation, replacement, enclosure, or removal.

(b) Accessible mouthable surfaces are those surfaces located within five feet of the floor or ground that form a protruding corner or similar edge, or protrude one-half inch or more from a flat wall surface, or are located so that a child may place his or her mouth on a protruding surface.

(c) Area of high risk means an area designated as such by the Commissioner or his designated representative and may consist of one or more dwellings in which a condition conducive to lead poisoning of children exists.

(d) Approved laboratory means the New York State Department of Health's Wadsworth Center for Laboratory and Research or a laboratory certified by the New York State Department of Health pursuant to the department's Environmental Laboratory Approval Program.

(e) Child care facilities means any facility licensed by the State Department of Social Services to offer or provide day care services or child care and any public or private schools attended by children six years of age or younger.

(f) Commissioner means the State Commissioner of Health.

(g) Condition conducive to lead poisoning means: (i) the presence of lead paint or other similar surface coating on any accessible mouthable surface or any other surface in a condition accessible for ingestion or inhalation, where peeling, cracking, blistering, flaking, chipping or powdering of such paint or similar surface coating material occurs or is likely to occur; and/or (ii) the presence of other environmental conditions which may result in significant lead exposure.

(h) Designated representative means the health commissioner or health officer of a city of 50,000 population or over, or the health commissioner or health officer of a county or part-county health district, the state regional health director or district director having jurisdiction, or any county health director having all the powers and duties prescribed in section 352 of the Public Health Law, or any individual so designated by the Commissioner pursuant to section 206(8) of the Public Health Law.

(i) Dwelling means all buildings or structures or portions thereof that are on or appurtenant to a property, which is occupied in whole or in part as the home, residence or sleeping place, of one or more human beings, including

child care facilities for children under six years of age, kindergartens and nursery schools.

(j) Encapsulation means a method of abatement that makes lead paint inaccessible by covering or sealing surfaces with durable coatings specifically formulated to be elastomeric, long-lasting, and resistant to cracking, peeling, algae and fungus. Paint is not an encapsulant.

(k) Enclosure means a method of abatement that involves covering of surfaces with durable rigid materials affixed to the surface and sealed or caulked to prevent lead paint or other lead-containing material from such surfaces from becoming accessible to children.

(l) High efficiency particulate air (HEPA) filter means a filter capable of filtering at least 99.97%, by weight, of particles 0.3 microns or greater in diameter from air passed through the filter.

(m) Lead paint means paint, plaster or other surface coating material containing more than one-half of one percent of metallic lead based on the total weight of the contained solids or dried film of the paint or plaster or other similar surface coating material.

(n) Removal means a method of abatement that results in the dislocation, stripping or scraping of paint or plaster or other coating material from a surface.

(o) Replacement means a method of abatement that involves removing components such as doors, windows and trim that contain lead paint and installing new or delead components.

(p) Risk reduction efforts mean any temporary action designed to reduce a child's exposure to lead and may include, but are not limited to: encapsulation, temporary relocation, clean-up of paint chips and dust and on-going maintenance of intact paint.

(q) X-ray fluorescence (XRF) analyzer means any instrument which measures lead concentrations in milligrams per square centimeter by measuring emission of X-ray photons activated by a radioactive source within the instrument.

(r) ug/dL means micrograms per deciliter.

Title: Section 67-2.3 - Environmental investigation

Effective Date: 01/04/95

67-2.3 Environmental Investigation. Whenever an area of high risk is designated or when a child has been referred for environmental management in accordance with Subpart 67-1.2(a)(9), the Commissioner or his designated representative shall coordinate follow-up activities as defined in section 67-1.1(e) and (f) of this Part and required by section 67-1.6 of this Part. An assessment of conditions conducive to lead poisoning shall be performed and should include an environmental investigation of (1) any dwelling; (2) any child care facility; and (3) any other area where the child spends a significant amount of time.

Title: Section 67-2.4 - Sampling for lead

Effective Date: 01/04/1995

67-2.4 Sampling for lead. (a) Paint or other similar surface coating that is peeling, cracking, blistering, flaking, chipping or powdering or is on an accessible mouthable surface may be sampled for lead by the following methods:

(1) At least one gram of paint or other surface coating should be collected from each surface for approved laboratory analysis, or
(2) A portable X-ray fluorescence analyzer may be used to determine the presence of lead paint. In conducting sampling by X-ray fluorescence the following determinations shall apply:

(i) Where substrate correction readings are obtained, a mean reading of 1.6 milligrams of lead per square centimeter or greater shall be considered as satisfactory evidence of lead paint. A mean, substrate corrected reading of less than 1.6 milligrams of lead per square centimeter but more than 0.4 milligrams of lead per square centimeter shall be considered as inconclusive and in such case a sample, as described in section 67-2.4 (a)(1) of this Subpart may be obtained. A mean substrate corrected reading of less than 0.4 milligrams of lead per square centimeter shall be considered as negative for lead paint.

(ii) If substrate correction readings cannot be obtained, a mean, uncorrected reading of greater than 2.0 milligrams of lead per square centimeter shall be considered as satisfactory evidence of lead paint. A mean reading of 2.0 milligrams of lead per square centimeter or less shall be considered as

inconclusive and in such case a sample, as described in section 67-2.4(a)(1) of this Subpart, may be obtained.

(b) Any samples of painted surfaces, paint, water, dust, soil, food, consumer products and other potential lead sources collected during an environmental investigation must be analyzed by an approved laboratory as specified by the Commissioner. The sample results may be used to evaluate possible sources of lead exposure.

Title: Section 67-2.5 Environmental testing and reporting

Effective Date: 01/04/95

67-2.5 Environmental testing and reporting. An approved laboratory shall examine paint and any other environmental samples according to generally accepted scientific methods specified by the Commissioner and shall report the results of all lead analyses to the designated representative in whose jurisdiction the samples were collected.

Title: Section 67-2.6 Notice and demand

Effective Date: 01/04/95

67-2.6 Notice and demand. Whenever the Commissioner or his designated representative determines that a condition conducive to lead poisoning exists in a dwelling, a written notice and demand for discontinuance of such may be issued in accordance with of section 1373(2) of the Public Health Law.

(a) No person shall commence lead paint abatement in any designated area of high risk prior to issuance of a written notice and demand. Risk reduction efforts may proceed prior to receipt of a notice and demand.

(b) Upon receipt of a notice and demand for discontinuance of conditions conducive to lead poisoning, the owner of a dwelling is required to abate such conditions. The extent of abatement and method(s) used shall be determined by the Commissioner or his designated representative, in accordance with applicable laws or rules and regulations.

(c) It shall be the responsibility of the owner of the dwelling to comply with all federal, state and local laws governing building construction, housing, worker health and safety, and disposal of lead-containing wastes. The owner of the dwelling must provide, upon request, to the Commissioner or his designated representative, such documentation as shall show that the owner has fully complied with these laws.

(d) Any vacancy or change in occupancy of the dwelling before abatement has been completed shall not relieve the owner of that dwelling from compliance with the notice and demand.

Title: Section 67-2.7 Environmental intervention and abatement

Effective Date: 01/04/1995

67-2.7 Environmental intervention and abatement. The Commissioner or his designated representative shall require in the notice and demand, where necessary, pre-abatement and clean up actions as specified in 67-2.7(a) and (b) and any one or more of the actions listed in 67-2.7(c) through (j) as part of an abatement of a dwelling:

(a) Pre-abatement actions: (1) furniture, rugs, carpets, bedding, drapes, dishware and food shall either be removed or covered with plastic sheets a minimum thickness of six mils and sealed;

(2) room openings must be sealed with plastic sheets that have a minimum thickness of six mils and

(3) floors or in place carpet must be covered with two sheets of plastic a minimum thickness of six mil thick, secured to the wall or baseboard with duct tape.

(b) Clean-up shall be performed daily and consist of misting debris with water and carefully sweeping and placing it in double four mil or six mil plastic bags, followed by wet dusting or wet mopping of all surfaces in the work area. Final clean-up shall be performed a minimum of 2 hours after completion of active abatement and shall include, but not be limited to, an HEPA filtered vacuuming of all interior surfaces, including window sills, followed by a wet mopping of all surfaces with a heavy duty household cleaning solution, followed by a second HEPA filtered vacuuming. In some instances the Commissioner or his designated representative may determine

that an alternative wet vacuum system may be used in place of the HEPA filter.

(c) When necessary, relocation of occupants to temporary housing until the abatement work specified has been completed.

(d) Placarding of the dwelling with the statement that human habitation is prohibited until the Commissioner or his designated representative determines that the dwelling has been abated.

(e) Prohibition of the presence of children and pregnant women in part or all of a dwelling during abatement activities.

(f) Encapsulation of lead painted surfaces with materials approved as an encapsulant of lead paint by the United States Environmental Protection Agency or the United States Department of Housing and Urban Development, or the American Society for Testing and Materials or the Commissioner.

(1) After repair of water leaks caused by structural or plumbing deficiencies.

(2) In accordance with manufacturer's instructions.

(3) After the removal of any chipping, peeling or flaking paint in accordance with Section 2.7 (i) of this Subpart.

(g) Enclosure of lead-containing surfaces with durable materials applied as follows:

(1) After repair of water leaks caused by structural or plumbing deficiencies.

(2) With materials that are fire resistant which may include gypsum board, aluminum, vinyl, plywood paneling a minimum of 5/32 inch thick good (1) grade, Formica, acrylic sheets, fiberglass, durable carpet, tile, Plexiglas.

(3) After the removal of any chipping, peeling or flaking paint in accordance with section 2.7 (i) of this subpart.

(h) Replacement of building components with lead-free materials.

(i) Removal of lead-containing surface coating materials by one or more of the following methods after which a lead free surface coating material shall be applied to the surface:

- (1) Wet wire brushing or hand scraping with or without the aid of a non-flammable solvent or wet abrasive compound.
 - (2) Machine sanding, using a sander equipped with a high efficiency particle air filter device, to feather edges and prepare surfaces for repainting or sealing.
 - (3) When used with appropriate respiratory protection, a heat gun, which produces a temperature not exceeding 1,100 degrees Fahrenheit, with hand scraping.
 - (4) Off-site paint removal.
 - (5) Other procedures acceptable to the Commissioner.
- (j) Abatement of exterior surfaces by any of the methods described in section 67-2.7 (a-i) of this Subpart or by confined abrasive blasting using a wet-misting technique or simultaneous vacuuming system. In addition, plastic sheets, a minimum thickness of six mils, must be placed on the ground as close to the dwelling foundation as obstructions will allow a minimum of six feet for each story in height before blasting begins, and left in place until cleanup is complete. All seams must be sealed with tape and outer edges raised to trap liquid waste.

Title: Section 67-2.8 Enforcement

Effective Date: 01/04/95

67-2.8 Enforcement. When an owner of a dwelling fails to comply with a written notice and demand for discontinuance of a condition conducive to lead poisoning, the procedures for enforcement, including formal hearings, receivership and cooperation and assistance from those public officers, departments and agencies of the State and its political subdivisions, as provided in sections 1373, 1374 and 1375 of the Public Health Law, shall be followed.

SubPart 67-3: Reporting of Blood Lead Levels

Title: SubPart 67-3 - Reporting of Blood Lead Levels

Initially adopted October 13, 1993

Amended effective June 20, 2009

[Statutory Authority: Public Health Law, Section 206(1)(n)]

Sections

67-3.1 Laboratory reporting of blood lead levels for public health follow-up

67-3.2 Reporting of elevated blood lead results by health care providers

67-3.3 Special effective dates

Title: Section 67-3.1 - Laboratory reporting of blood lead levels for public health follow-up

Effective Date: 06/20/2009

Section 67-3.1 Laboratory reporting of blood lead levels for public health follow up.

(a) For purposes of this Subpart, laboratory shall mean: (i) any laboratory that holds a permit issued in accordance with Public Health Law Article 5, Title V and is authorized to conduct blood lead analyses; or (ii) an entity exempt from the requirements of Public Health Law Article 5, Title V pursuant to Section 579(3) of that Title, that holds a certificate of registration issued by the department and is authorized to conduct blood lead analyses.

(b) Laboratories shall report the results of all blood lead analyses performed on residents of New York State to the Commissioner of Health and to the local health officers in whose jurisdictions the subjects of the tests reside. If the laboratory reports electronically to the Commissioner of Health in accordance with subdivision (e) below, the Department of Health shall notify the appropriate local health officer of the test results and the laboratory shall be deemed to have satisfied the reporting requirements of this section.

(c) Whenever a laboratory refers a blood lead sample to another laboratory for analysis, the laboratories may agree on which laboratory will report in compliance with this Subpart, but both laboratories will be accountable to

insure that a report is made.

(d) All laboratories shall report electronically to the Commissioner of Health each blood lead analysis conducted. The report must include the subject's name, date of birth, race, gender, address, county of residence, type of sample (venous or fingerstick) and blood lead level; the health care practitioner ordering the test, laboratory identifiers, the date the sample was collected and the date of analysis. Reporting pursuant to this subdivision shall be done using an electronic telecommunication system consistent with the technical specifications established by the Department.

(e) Any laboratory not permitted in accordance with Public Health Law Article 5, Title V to perform blood lead analyses which accepts a blood lead sample and refers the sample elsewhere for analysis shall transmit to the laboratory performing the analysis all of the information that is required by subdivision (d) above.

(f) Time limits for reporting and special notification requirements of blood lead levels in children.

(1) Laboratories shall report the results of all blood lead tests as specified in this Subpart within five business days of the date of analysis.

(2) In addition to any other reporting required by this Subpart, all laboratories shall notify the provider ordering the blood lead test of the results of any analysis in a child less than eighteen years of age which is equal to or greater than 45 mcg/dL (micrograms per deciliter) within 24 hours of the analysis.

(g) Nothing in this Subpart shall be construed to relieve any laboratory from reporting results of any blood lead analysis to the physician, or other health care provider that ordered the test or to any other entity as required by state, federal, or local statutes or regulations or in accordance with accepted standards of practice except that reporting in compliance with this Subpart shall satisfy the blood lead reporting requirements of Public Health Law Article 13, Title 10 and Part 22 of this Title.

Title: Section 67-3.2 - Reporting of elevated blood lead results by health care providers

Effective Date: 06/20/2009

67-3.2 Reporting of elevated blood lead results by health care providers.

(a) All health care providers shall assure that all of the information specified in section 67-3.1 above is completed for all blood lead analyses ordered by the health care provider and that this information accompanies the sample to the testing laboratory.

(b) All health care providers shall notify the health officer having jurisdiction of the occurrence of any blood lead level above 45 mcg/dL (micrograms per deciliter) in a child less than eighteen years of age within 24 hours of having been notified of this result by the testing laboratory.

(c) For the purposes of this Subpart, health care provider shall mean any health care practitioner who is authorized to order a blood lead test and any facility licensed pursuant to Article 28 of the Public Health Law.

Title: Section 67-3.3 - Special effective dates

Effective Date: 10/13/93

67-3.3 Special effective dates.

(a) Reporting the results of all blood lead tests at or above 10 mg/dl (microgram per deciliter) shall begin no later than 120 days after filing the notice of adoption of this Subpart with the Secretary of State.

(b) Reporting the results of all blood lead tests shall begin no later than 360 days after filing the notice of adoption of this Subpart with the Secretary of State.