

Michigan Childhood Lead Poisoning Prevention Program

Elevated Blood Lead Case Management:

Scope of Services and Standards of Practice

The Childhood Lead Poisoning Prevention Program nurse case manager plays an integral role in reducing the blood lead level in eligible children. Case management is an active process achieved through coordination, assessment, communication, and education. The goals of case management, rooted in trauma informed principles and focused on the individual, include, but are not limited to: reducing the blood lead level, assisting the guardian with meeting the child's basic needs through linkage to lead safe housing resources; partnering with the guardian in decision making about interventions; and increasing guardians' knowledge and awareness of lead exposure, treatment and resources. These goals are accomplished while practicing cultural sensitivity and transparency with all involved parties.

Scope of services:

Case management targets children less than 6 years old with elevated venous blood lead levels (EBLL). Individuals enrolled in case management can receive up to 6 home visits by the local public health nurse responsible for responding to lead exposure. Community Health Workers are members of the case management team; their activities are delegated by a public health nurse. If there are other members of the case management team assisting with case management activities, refer to the [ANA Principles for Delegation](#), to ensure members are working within their scope of practice. Documentation of all case management services is to be included in the case management database.

- Nursing Assessment – The case manager is responsible for completing a focused assessment regarding effects of lead poisoning, for all individuals that receive a home visit. Case manager is also responsible for identifying clinical, psychosocial, historical, financial, cultural, and spiritual needs that guide the development of the plan of care as well as guide the planning of interventions to attain optimal outcomes. Evaluates the potential impact of social determinants of health that may elevate the risk of continued exposure to lead.
- Communication – The case manager is responsible for providing information to the health care team, child, family/caregiver regarding available resources, plan of care, and benefits for services that ensures individual centered care, individual's guardian's choice, and transparency with each interaction throughout case management process.
- Environmental assessment –The case manager is responsible for evaluating the child's environment to identify potential sources of lead exposure. Collaborates with families to move towards lead safe housing, through identifying potential hazards, facilitating remediation, interim control methods and/or relocation to safer housing.
- Education – The case manager ensures and provides education relevant to the individual's needs identified through the plan of care. Education to relate to the individual's nutrition status,

blood lead level, effects of lead poisoning, lead safe cleaning methods, potential lead hazards in the individual's environment and daily lead safe practices.

- Care coordination- The case manager provides ongoing monitoring and interventions that advance the progression of care to include the clinical, psychosocial, financial and operations aspects of care.
- Screening -The case manager educates on lead screening recommendations, in addition to encourage families at risk to be screened for lead (i.e. siblings of children with ebll, pregnant persons in the home, and other at-risk individuals).
- Plan of care- The case manager is responsible for developing goals and interventions in collaboration with child, family, caregivers and providers that are clinically appropriate and focus on the child's needs. Evaluate progress towards goals and outcomes identified in plan or care, while carrying out case management activities. Revise plan of care as needed, to ensure forward progress towards goals.
- Advocacy – The case manager advocates on behalf of child/family/caregivers for service access, and for the protection of the child's health, well-being, safety and rights. Promotes and supports the family's self-determination in care decisions and assists the team understanding of and respect for the family's choice. The team can include abatement programs, primary care provider, poison control, community resources, MDHHS CLPPP, local public health and the family. Demonstrates the ability to balance resources with family's preferences. Ensures suspected cases of abuse or neglect have been reported to the appropriate agencies. Carrying out all advocacy activities under the tenets of diversity, equity, and inclusion.
- Resource identification – The case manager is responsible for identifying and networking with available community resources/potential partners and advocate for resolution of gaps in the available resources and processes. The case manager facilitates community partnerships and maximizes resource utilization.

Standards of practice

All activities of case management performed by the local public health nurse and community health worker (when applicable) will be carried out using the below standards of practice:

- Accountability
- Professionalism
- Collaboration
- Advocacy
- Resource management
- Technology
- Professional growth
- Diversity
- Equity
- Inclusion

Resources:

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American Case Management Association. [Standards of Care_Brochure_Case Management_2020.pdf](#)
([acmaweb.org](#))

[Infographic: 6 Guiding Principles To A Trauma-Informed Approach | CDC](#)