# Prevention of Lead Contamination Recommendation Ideas As of September 9, 2016

| Description | Metric Target | Due Date | Source |
|---|---|---|---|
| **Recommenations to Governor and Legislature** | | | |
| Create statewide lead taskforce to make recommendations on the sharing of information, leveraging of resources, and establishing of a comprehensive surveillance program that examines trends and patterns, using current scientific knowledge on lead toxicity. Taskforce should include DTSC, DPH, Cal OSHA, representatives of regional water quality control boards, county health departments with the largest number of children with elevated blood levels, worker safety advocates, labor representatives knowledgeable about lead exposure, healthy housing representatives, and environmental justice advocates from impacted communities. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |
| Create statewide lead taskforce to make recommendations on the sharing of information, leveraging of resources, and establishing of a comprehensive surveillance program that examines trends and patterns, using current scientific knowledge on lead toxicity and other environmental health hazards in communities. Taskforce should include DTSC, DPH, Cal OSHA, representatives of regional water quality control boards, representatives of regional air pollution control districts, county health departments and county environmental health departments with the largest number of children with elevated blood levels, worker safety advocates, labor representatives knowledgeable about lead exposure, healthy housing representatives, and environmental justice advocates from impacted communities. | | | Panel Member Suggestion (Underlined portions are Panel Member's suggested additions to Original Source: Johnston-Hricko) |
| When appropriate, use supplemental environmental projects to protect children from lead exposure by improving community health outreach programs. | | | Panel Member Suggestion |
| Require DPH to compile blood-lead levels data at the census block level with average, range, and prevalence of elevated blood-lead level less than or equal to 5 micrograms of lead per deciliter for entire state. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |

| | | | |
|---|---|---|---|
| Use employee blood-lead levels to identify potential "hot spots" for lead exposure by requiring laboratories to report the names and addresses of employers of workers' blood-lead data to DPH and requiring DPH to inform county health departments about problem companies and ensure that counties check on all children of workers with elevated blood-lead levels. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |
| **Recommenations to DTSC** | | | |
| When families self-identify with higher blood lead levels, prioritize their homes for testing and cleanup. | | | Panel Member Suggestion (Original Source: Solomon) |
| Coordinate work to increase resources for lead-based paint hazard controls. | | | Panel Member Suggestion (Original Source: Solomon) |
| Work with a university to convene a group to identify better ways to report, track, and reduce blood lead levels in Los Angeles County. | | | Panel Member Suggestion (Original Source: Solomon) |
| Routinely use rapid-sampling assessment approaches, such as X-ray fluorescence, for community testing of metals in soil. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |
| To appropriately provide on-site, rapid soil lead data for individual participants and communities, present the individual sample results in the context of residential and hazardous soil standards relevant to the state of California, contextualize the results within the average and range of measured lead concentrations in the larger neighborhood, and clearly label and describe all data in lay terms. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |
| Share the names, addresses, and lead-in-soil (and lead in paint, if obtained) contamination levels with both the county health department and the DPH lead poisoning prevention programs. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |
| Create public maps displaying the average soil lead level (with standard deviation) by census block. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |
| Improve accessibility of DTSC data by creating a public and easily accessible database through which the public can search for hazardous waste generators and transporters by simply providing a location address. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |

| | | | |
|---|---|---|---|
| Leverage resources to address multiple exposure pathways to lead in the Exide community by: (1) assessing indoor exposures and dust, (2) assuring that cleanups are not impacting house interiors, and (3) enforcing adequate protections such that cleanup workers are not bringing lead dust into their vehicles or homes. | | | Panel Member Suggestion (Original Source: Johnston-Hricko) |
| Conduct thorough soil sampling at Exide facility and surrounding area (4-mile radius) using both rapid fluorescence analysis and atomic absorption spectroscopy to validate results. Use a control area with no known lead pollution source for background control. This should be a neighborhood in Los Angeles or Long Beach area containing homes similarly aged as the ones encountered near Exide. This can help determine how much of the lead present is due to historical contamination sources such as leaded gasoline or lead-based paint and how much is due to other activity. | | | Panel Member Suggestion |
| Determine if soil lead levels (measured as described in above recommendation) correlate to blood lead levels in residents of all ages. Although it is known that lead may cause cognitive deficits in children, adults also need to be evaluated to determine overall bioavailability and potential adverse health effects of lead present in contaminated soil. Furthermore, it the levels are higher than the "normal range," residents should be monitored and blood levels should be measured periodically to ensure that there are no adverse health effects connected to the higher than normal lead levels in the older individuals. | | | Panel Member Suggestion |
| **Information Requests** | | | |
| | | | |
| **Metrics** | | | |