**Standing Orders for Blood Lead Testing**

\_\_\_\_\_\_\_\_\_, 20­­­\_\_\_

Reducing childhood lead exposure is an important public health strategy that helps children reach their full potential. Blood lead testing is necessary to identify lead poisoned children and begin reducing their exposure. Test results provide information that helps prioritize public resources and target lead program activities to those who need it most.

To support blood lead testing of children, I, (county health officer’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am providing the following standing order relative to the use of portable blood lead analyzers in (county name) ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Health care professionals in (county name) ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are authorized to perform capillary draws (finger sticks) to collect blood samples for blood lead analysis, using portable blood lead analyzers, if they meet all the following conditions:

* The health care professional is currently licensed under RCW 18.79, which includes registered nurse, advanced registered nurse practitioner, and licensed practical nurse or RCW 18.360, which includes medical assistant-certified and medical assistant- phlebotomist.
* The health care professional has completed training on the operation of the LeadCare II portable blood lead analyzer using the training tools provided by Magellan on the LeadCare II website.
* The health care professional follows all the LeadCare II portable blood lead analyzer manufacturer's instructions exactly while performing blood lead tests.

Per WAC 246-101, all blood lead test results, regardless of the blood lead level, are to be reported to the Washington State Department of Health. Contact the Department of Health’s Childhood Lead Poisoning Prevention Program [(lead@doh.wa.gov](mailto:(lead@doh.wa.gov) or 360-236-4280) for more information on how to report electronically.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of county health officer, Medical Director or other authorized practitioner)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title)