

Chapter DHS 181

REPORTING OF BLOOD LEAD TEST RESULTS

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Note: Chapter HFS 181 was renumbered chapter DHS 181 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 181.01 Authority and purpose. This chapter is promulgated under the authority of ss. 250.04 (7) and 254.13, Stats., to ensure timely reporting to the department of the results of all tests made to determine the concentration of lead in a person's blood. The chapter establishes a foundation for a surveillance system that will identify, evaluate and provide a basis for controlling the prevalence of lead poisoning or lead exposure. When blood lead test results are properly reported, the department and local health departments are able to carry out their public health responsibilities to identify individuals with lead poisoning, identify and evaluate trends, patterns and risk factors for lead poisoning, identify sources of lead in the environment, educate the public and prevent exposure to lead.

History: Cr. Register, May, 2000, No. 533, eff. 6–1–00.

DHS 181.02 Applicability. This chapter applies to any physician, nurse, hospital administrator, director of a blood drawing site or local health officer who obtains a person's blood sample or orders that a blood sample be taken from a Wisconsin resident for the purpose of measuring the concentration of lead in the blood and to directors of clinical laboratories and persons performing onsite blood lead testing, that analyze human blood samples to determine the concentration of lead in blood.

History: Cr. Register, May, 2000, No. 533, eff. 6–1–00; CR 19–019: am. Register December 2019 No. 768, eff. 1–1–20.

DHS 181.03 Definitions. In this chapter:

(1) "Blood lead test" means the determination by a clinical laboratory of the amount of lead in a blood sample.

(2) "Blood sample" means any human blood sample, venous or capillary, drawn for analysis of the concentration of lead in the blood.

(3) "Clinical laboratory" means a laboratory which analyzes human blood samples to determine the concentration of lead in blood and which meets the standards of the clinical laboratory improvement amendments.

(4) "Clinical laboratory improvement amendments" means the federal clinical laboratory improvement amendments of 1988, as amended, 42 USC 263a and 42 CFR Part 493.

(5) "Department" means the Wisconsin department of health services.

(6) "Director of a blood drawing site" means a person responsible for a location where blood samples are obtained or drawn to determine the concentration of lead in the blood.

(7) "Health care provider" means a physician, nurse, hospital administrator, local health officer or director of a blood drawing site.

(8) "Local health department" has the meaning specified under s. 250.01 (4), Stats.

(9) "Local health officer" means the person in charge of a local health department.

(10) "Lead poisoning or lead exposure" has the meaning given in s. 254.11 (9), Stats.

History: Cr. Register, May, 2000, No. 533, eff. 6–1–00; corrections in (5) and (11) made under s. 13.92 (4) (b) 6. and 7., Stats., Register January 2009 No. 637; CR 19–019: am. (10), r. (11) to (13) Register December 2019 No. 768, eff. 1–1–20.

DHS 181.04 Reporting responsibility and test result access. (1) The results of all blood lead tests performed on blood samples taken from Wisconsin residents shall be reported to the department.

(2) (a) When a health care provider sends a blood sample to a clinical laboratory for determination of the concentration of lead in the blood, the health care provider shall include with the blood sample all the information required under s. DHS 181.06 (1). This shall fulfill the requirement of the health care provider to report under s. 254.13 (1), Stats., unless the health care provider uses a laboratory outside the state of Wisconsin.

(b) If the health care provider sends blood samples to a clinical laboratory outside of Wisconsin, the health care provider shall report the blood lead test results and the other information described in s. DHS 181.06 to the department, unless written assurance is provided by the clinical laboratory to the department that the clinical laboratory is reporting the results to the department within the time specified in s. DHS 181.05, in which case the health care provider's reporting requirements shall be considered fulfilled as described in par. (a).

(3) Directors of clinical laboratories and persons performing onsite blood lead testing shall report to the department the results of all blood lead tests and the other information as described in s. DHS 181.06 for each blood lead test regardless of the concentration of lead in the blood.

(4) The department shall make blood lead test results accessible to health care providers treating the person tested.

(5) If the blood lead test result indicates lead poisoning or lead exposure, the department shall transmit the test result to the local health department in the area in which the person tested resides.

History: Cr. Register, May, 2000, No. 533, eff. 6–1–00; CR 04–040: r. and recr. (5) Register November 2004 No. 587, eff. 12–1–04; CR 19–019: r. and recr. (2), renum. (3) (a) to (3) and am., r. (3) (b), (c), r. and recr. (4), am. (5), r. (6), (7) Register December 2019 No. 768, eff. 1–1–20; correction in (2) (b) made under s. 35.17, Stats., Register December 2019 No. 768.

DHS 181.05 Timetable for reporting. (1) Blood lead concentrations of 45 micrograms or more of lead per deciliter of blood shall be reported to the department within 24 hours from the time the analysis is completed.

Note: For patients with blood lead results of 45 micrograms lead per deciliter of blood or more, report to the department blood lead test results and other patient information by telephoning or faxing the Childhood Lead Poisoning Prevention Program at telephone (608) 266–5817 or fax (608) 267–0402.

(2) Blood lead concentrations meeting the definition of lead poisoning or lead exposure but less than 45 micrograms of lead per deciliter of blood shall be reported to the department within 48 hours from the time the analysis is completed.

(3) Blood lead concentrations that do not meet the definition of lead poisoning or lead exposure shall be reported to the department within 10 days from the time the analysis is completed.

History: Cr. Register, May, 2000, No. 533, eff. 6–1–00; CR 19–019: r. and recr. Register December 2019 No. 768, eff. 1–1–20.

DHS 181.06 Contents of report. (1) INFORMATION TO ACCOMPANY BLOOD SAMPLE FOR LABORATORY ANALYSIS. Any health care provider who submits a human blood sample to a clinical laboratory for a determination of the lead concentration in the blood shall include all of the following information with the blood sample:

- (a) The patient's first name, middle initial and last name.
- (b) The patient's month, day and year of birth.
- (c) The patient's sex.
- (d) The patient's race.
- (e) The patient's ethnicity.
- (f) The patient's street address, apartment number, city or town, county, zip code, and telephone number.

Note: A street address must be provided if available. A post office box is not an acceptable alternative.

(g) For a patient under 18 years of age, a parent's or guardian's first name, middle initial and last name.

(h) For a patient under 18 years of age, a parent's or guardian's telephone number.

(i) For a patient 16 years of age or older, the patient's occupation and employer's name, full address, and telephone number, if employed.

(L) The month, day and year the blood sample was collected.

(m) The method of blood sample collection, venous or capillary.

(n) The name of the health care provider submitting the blood sample, name of that person's facility or practice, full address and telephone number.

(o) The name and address of the patient's physician, if other than the health care provider.

(2) ADDITIONAL INFORMATION TO BE PROVIDED BY LABORATORY. A clinical laboratory that determines the lead concentration in a sample of blood shall submit to the department a report on the results of the blood lead test in accordance with ss. DHS 181.05 and 181.07. That report shall include all the information in sub. (1) and, in addition, all of the following information:

(a) The name of the clinical laboratory performing the analysis, and the laboratory's street address, city or town, state, zip code, telephone number, and clinical laboratory improvement amendments number.

(b) The month, day and year the laboratory analysis was completed.

(c) Results of the blood lead test in micrograms of lead per deciliter of blood.

History: Cr. Register, May, 2000, No. 533, eff. 6-1-00; CR 19-019: am. (1) (c) to (f), (h), (i), r. (j), (k), am. (1) (L), (n), (2), r. (3) Register December 2019 No. 768, eff. 1-1-20.

DHS 181.07 Form of report submitted to the department. Reporting to the department shall be by electronic means in a format acceptable to the department unless the laboratory or health care provider that tests for lead poisoning or lead exposure does not have suitable electronic data transport capability, in which case, reports may be paper reports in a format acceptable to the department.

Note: To obtain information about reporting, including obtaining an acceptable form or information about acceptable formats for reporting, visit the Childhood Lead Poisoning Prevention Program website at <https://www.dhs.wisconsin.gov/lead/formspubs.htm> ("public health" tab); email dhsleadpoisoningprevention@wisconsin.gov; telephone (608) 266-5817; or mail request to Wisconsin Childhood Lead Poisoning Prevention Program, P.O. Box 2659, Room 145, Madison, WI 53701-2659; telephone (608) 266-5817.

History: Cr. Register, May, 2000, No. 533, eff. 6-1-00; CR 19-019: am. Register December 2019 No. 768, eff. 1-1-20.

DHS 181.08 Enforcement, penalties and immunity from liability. (1) ENFORCEMENT. Pursuant to s. 254.30 (1) (b), Stats., the department may report violations of this chapter to the district attorney of the county in which the violation occurred for enforcement action.

(2) PENALTIES. (a) *Civil.* Pursuant to s. 254.30 (2) (a), Stats., any physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who violates any provision of this chapter may be required to forfeit not less than \$100 nor more than \$5,000. Each day of continued violation constitutes a separate offense.

(b) *Criminal.* Pursuant to s. 254.30 (2) (b), Stats., any physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who knowingly violates any provision of this chapter may be required to forfeit not less than \$100 nor more than \$5,000. The court may place the person on probation under s. 973.09, Stats., for a period not to exceed 2 years.

(3) IMMUNITY FROM LIABILITY. As provided in s. 254.13, Stats., a person making a report under this chapter in good faith is immune from civil or criminal liability that might otherwise be incurred from making the report.

History: Cr. Register, May, 2000, No. 533, eff. 6-1-00; CR 19-019: am. (2) (a) Register December 2019 No. 768, eff. 1-1-20; correction in (2) (a) made under s. 35.17, Stats., Register December 2019 No. 768.