

Home-Based Lead Training

Community Health Worker name: _____

Family's name: _____

Number of kids in the family: _____

Family's address: _____

Objectives for what will be covered during this session:

1. Recognize why lead is bad for kids.
2. Identify sources of lead exposure in the home.
3. Discuss how cleaning and good nutrition can improve health.
4. Identify who is responsible for removing lead from the home and who can help.

Introduce yourself to the family and let them know that you are here to talk about lead toxicity. You can go over the objectives for the session listed above, and then ask the family what they would like to learn about today. Write down their response below:

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Part 1: Lead Toxicity and Nutrition



Once you have found out what they would like to learn about, tell them we will watch a video about lead on the iPad. After you finish the video, ask the follow-up questions listed below and write down their response. Provide the family with the first handout.

1. Was any of this new information?

2. What are your biggest concerns about lead right now?

3. After watching the video, would you want to add anything to list of what to learn today? If so, what?

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Nutrition

1. What are your child's favorite foods?

2. What are some foods your child does not like?

3. Are there any foods the family avoids for religious or cultural reasons? (On the following nutrition list, cross out foods the family avoids.)

4. Does your child ever eat things that are not food? (ex: dirt, paper, crayons etc.) Circle yes or no.

No Yes

If yes, please list those items:

Now go through the food checklist with family to find out what foods they are already eating.

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FOODS WITH IRON



Beef
Chicken
Turkey
Duck
Pork
Fish
Goat
Eggs



Dried fruit
Dates
Figs
Raisins



Rice
Lentils
Beans
Fortified rice
Tofu
Baked potato
with skin
Quinoa



Green leafy
vegetables
Spinach
Kale
Broccoli



Spices
Ginger
Curry Powder

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FOODS WITH VITAMIN C



Oranges
Limes
Lemons



Mango
Tomato
Watermelon



Kiwi
Pineapple
Strawberry
Berries
Melons



Parsley
Basil
Cilantro
Thyme



Onions
Cauliflower
Broccoli
Potato



Cabbage
Spinach
Kale
Radish



Peppers

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FOODS WITH CALCIUM



Milk
Yogurt
Cheese
Cottage cheese



Tofu
Tempeh



Beans
Almonds
Chia seeds
Sesame seeds



Salmon
Sardines



Squash
Figs
Rhubarb
Sweet potatoes



Leafy greens
Broccoli
Spinach
Kale

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After going through the checklist, talk to the family about goals they can set to improve nutrition in their home. Write down their responses below. Provide family with sample menu ideas and a copy of their goals.

What are three goals the family can come up with to improve their child's nutrition? (Ex: try something new, encourage more vegetables etc.)

Goal #1

Goal #2

Goal #3

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Part 2: Lead Risk Assessment



Now tell the family we will watch a video about lead risks and lead exposures. This will cover what to look for in a home that might mean there is a lead risk. It will also talk about some resources that may help the family.

After you finish the video, walk around the home with them. Look at the different rooms/areas listed below. Circle yes or no or comment on what you see. Cross off any rooms they do not have in their house.

<p>Home Renovations:</p>	<p>Remodeling since you have lived in home?</p> <p>Yes No</p>	<p>If yes, what room(s)/areas?</p>	<p>If yes, when did it occur & who did the work?</p>	<p>Do you rent or own?</p> <p>Rent Own</p>
<p>Front Porch:</p>	<p>Chipping/peeling paint</p> <p>Yes No</p>	<p>Poor Condition</p> <p>Yes No</p>	<p>No front porch</p>	<p>Other Comments</p>
<p>Back Porch:</p>	<p>Chipping/peeling paint</p> <p>Yes No</p>	<p>Poor Condition</p> <p>Yes No</p>	<p>No back porch</p>	<p>Other Comments</p>

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Outside/Yard:	Downspout condition Damaged? Yes No	Siding Peeling paint? Yes No	Bare Soil Yes No	Other Comments
Living Room:	<u>Windows</u> Peeling paint? Yes No Poor Condition? Yes No Number of bad windows:	<u>Door Frames</u> Peeling paint? Yes No Poor Condition? Yes No	<u>Floors</u> Carpet? Yes No Hardwood? Yes No	Other Comments
Family Room:	<u>Windows</u> Peeling paint? Yes No Poor Condition? Yes No Number of bad windows:	<u>Door Frames</u> Peeling paint? Yes No Poor Condition? Yes No	<u>Floors</u> Carpet? Yes No Hardwood? Yes No	Other Comments

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<p>Dining Room:</p>	<p><u>Windows</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p> <p>Number of bad windows:</p>	<p><u>Door Frames</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p>	<p><u>Floors</u></p> <p>Carpet?</p> <p>Yes No</p> <p>Hardwood?</p> <p>Yes No</p>	<p>Other Comments</p>
<p>Bedroom #1:</p> <p>Who lives in this room?</p>	<p><u>Windows</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p> <p>Number of bad windows:</p>	<p><u>Door Frames</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p>	<p><u>Floors</u></p> <p>Carpet?</p> <p>Yes No</p> <p>Hardwood?</p> <p>Yes No</p>	<p>Other Comments</p>
<p>Bedroom #2:</p> <p>Who lives in this room?</p>	<p><u>Windows</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p> <p>Number of bad windows:</p>	<p><u>Door Frames</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p>	<p><u>Floors</u></p> <p>Carpet?</p> <p>Yes No</p> <p>Hardwood?</p> <p>Yes No</p>	<p>Other Comments</p>

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<p>Bedroom #3:</p> <p>Who lives in this room?</p>	<p><u>Windows</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p> <p>Number of bad windows:</p>	<p><u>Door Frames</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p>	<p><u>Floors</u></p> <p>Carpet?</p> <p>Yes No</p> <p>Hardwood?</p> <p>Yes No</p>	<p>Other Comments</p>
<p>Bedroom #4:</p> <p>Who lives in this room?</p>	<p><u>Windows</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p> <p>Number of bad windows:</p>	<p><u>Door Frames</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p>	<p><u>Floors</u></p> <p>Carpet?</p> <p>Yes No</p> <p>Hardwood?</p> <p>Yes No</p>	<p>Other Comments</p>
<p>Kitchen:</p>	<p><u>Windows</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p> <p>Number of bad windows:</p>	<p><u>Door Frames</u></p> <p>Peeling paint?</p> <p>Yes No</p> <p>Poor Condition?</p> <p>Yes No</p>	<p><u>Floors</u></p> <p>Carpet?</p> <p>Yes No</p> <p>Hardwood?</p> <p>Yes No</p>	<p>Other Comments</p>

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	<u>Pottery</u> Use pieces from overseas for cooking? Yes No			
Stairs:	Peeling/Chipping paint Yes No	Location	None	Other Comments
Bathrooms:	<u>Windows</u> Peeling paint? Yes No Poor Condition? Yes No Number of bad windows:	<u>Door Frames</u> Peeling paint? Yes No Poor Condition? Yes No	<u>Floors</u> Carpet? Yes No Hardwood? Yes No	Other Comments
Water:	City Yes No	Well Yes No	Water Damage Yes No	If water damage, where?
Hobbies/Jobs:	<u>Guns/hunting</u> Locked up? Yes No Ammunition locked up & separate? Yes No	<u>Jewelry</u> Do you make it? Yes No Do you have jewelry from overseas? Yes No	<u>Pottery</u> Make/glaze own pottery? Yes No	<u>Fishing</u> Lures/sinkers out of reach? Yes No

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	<u>Gardening</u> In soil original to the house? Yes No	<u>Home remodeling</u> Do you do work on home(s)? Yes No	<u>Furniture</u> Do you refinish old furniture? Yes No	
Caregiver Employment: (write down their jobs) Are they aware if there is a lead risk at work?				
Shoes:	Worn Inside Yes No	Leave at door Yes No		
Cleaning:	<u>Mopping</u> Wet? Yes No Dry? Yes No How often?	<u>Vacuuming</u> How often?	<u>Dusting</u> Wet? Yes No Dry? Yes No How often?	<u>Handwashing</u> How often?

Provide the family with the second handout, and ask if they have any final questions. Let them know you will make a follow-up appointment in about 9 weeks.

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Summary and Needs & Referral Assessment

Action Plan: Record what referrals are needed and what needs to be done after this visit:

Legal aid Yes No Reason:	Social work Yes No Reason:	Pediatrician Yes No Reason:	Health Department Yes No Reason:
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Task	Due Date	Completed by & Date	Outcome
1.			
2.			
3.			
4.			
5.			

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Action Plan (i.e. make referral, call family back, etc.)

Task	Due Date	Completed by & Date	Outcome
1.			
2.			
3.			
4.			
5.			