

Quarterly report, 06/01/2018 – 08/31/2018

Objective 1: Identification of worksites

Sites to be targeted for contact and intervention in Genesee County have been identified through the two methods discussed in our proposal. First, searches have been conducted for establishments within industries that have previously been linked to reports in the literature of children being exposed to take-home lead. This includes workers/contractors within the lead remediation industry, a list of whom was obtained from MDHHS. Secondly, the Adult Blood Lead Epidemiology and Surveillance (ABLES) database was used to construct a complimentary and overlapping list of industries and establishments that have produced high blood lead levels in workers, implying high occupational lead exposures and consequently the potential for take-home lead exposures. Industries and establishments identified through ABLES will be prioritized for worksite visits if they belong to the industries tied to take-home exposures. As these establishments/workers begin being contacted in the second quarter of the project, worksite visits and interviews will help to further identify how frequently work tasks that may produce lead exposure are being conducted.

Objective 2: Worksite visits

Progress in Objective 2 was accomplished during this quarter via the hiring of a sanitarian to perform the worksite visits. Multiple candidates were interviewed and screened, with the top candidate to beginning work on the project on September 12th (providing for 9 months of work on the project, in line with the proposal and budget).

We also developed a questionnaire to be used during the visits to evaluate both the potential for the individual's occupation and work practices to produce take-home exposures as well as the possibility of other factors to contribute to the lead dust burden in the home.

Objective 3: Take-home exposure intervention

We have identified general recommendations for reducing take-home lead exposure, to be disseminated during worksite visits. Specific

recommendations for industries, tasks, and worksites will be developed as worksite visits progress and exposures are evaluated.

Objective 4: Take-home exposure quantification

For the lead wipe sampling, we have coordinated with the MIOSHA laboratory to review the sampling and analysis protocols and obtain an initial stock of sampling supplies, with further supplies to be purchased as needed.

Multiple entities were contacted with regards to their analysis of blood lead levels to identify the method that would maximize convenience for project participants while minimizing cost to enable us to cover as many blood lead tests as possible within our budget. Accordingly, we have developed an agreement with the MDHHS BOL Trace Metals Unit for them to analyze blood samples sent to them from whichever clinic or medical lab is most convenient for project participants at a cost of \$17.67 per analysis, significantly less costly than the \$103/analysis rate initially quoted in the budget.

Objective 5: Develop standardized protocol

We have begun the construction of the protocol meant to facilitate the adoption of a take-home lead project in other Michigan counties, starting with an initial section on identifying worksites. The protocol will be further developed and refined as the project continues and is evaluated.