February 18, 1999

MEMORANDUM

TO: Local Health Directors

FROM: Ed Norman, Children's Environmental Health Branch (DENR)
       Pat Curran, Health Hazards Control Branch (DHHS)

SUBJECT: Interagency Response to Local Health Department Concerns

In an effort to reduce lead poisoning nationally, the Residential Lead-Based Paint Hazard Reduction Act of 1992 was passed by Congress. This act required individuals conducting lead-based paint activities to be certified and directed the EPA to develop certification regulations, which became effective October 28, 1996. Both the act and regulations established a framework for states to administer certification programs and, in 1997, the North Carolina General Assembly provided the statutory authority to create a certification program (G.S. 130A-453.01 - 453.11). Lead-based paint certification program rules were approved by the Commission for Health Services (15A NCAC 19C.0800) and became effective August 1, 1998.

In the past several months, inquiries from local environmental health programs have been received by both the Childhood Lead Poisoning Prevention Program (Children's Environmental Health Branch, Division of Environmental Health, DENR) and the Lead-Based Paint Hazard Management Program (Health Hazards Control Branch, Division of Public Health, DHHS) regarding new administrative rules adopted by the Health Hazards Control Branch governing certification requirements for individuals involved in lead-based paint activities. This interagency policy memo is intended to address these concerns and describe the anticipated impact on local health departments of these new rules.

Certification vs. Authorization:

Mandated investigations: Childhood lead poisoning investigations are mandated by state law (G.S. 130A-131.9A) and must be conducted by the local authorized agent, usually an Environmental Health Specialist who is also responsible for report writing, notifications, plan review and approval, and enforcement. Lack of certification does not relieve the local authorized agent from the responsibility of conducting mandated investigations and other related responsibilities. However, if the local agent is not a certified risk assessor, then a Regional Environmental Health Specialist (who is a certified-risk assessor) must be present during the investigation. For most counties, this means no change in investigation protocol.

Sample Collection: Local Environmental Health Specialists should only collect environmental lead samples under the on-site direction of a Regional Environmental Health Specialist unless they are certified risk assessors. The only exception is that sampling may be conducted by either a certified risk assessor or a certified inspector at clearance and annual monitoring inspections. Consultative site visits that do not involve environmental sampling may be conducted by a non-certified, local authorized agent without involving a Regional Environmental Health Specialist. Funds to pay for certification training are available from the Children's Environmental Health Branch.

Notification & Reporting: Childhood lead poisoning investigations that involve sampling or x-ray fluorescence analysis and in which lead-based paint hazards are identified must be reported to the Health Hazards Control Branch using a Lead-Based Paint Activity Summary form. These notifications will be made by the Regional Environmental Health Specialists for investigations in which they are involved. Other notifications to property owners and occupants continue to be the responsibility of the local authorized agent.
Certified designer needed for large abatement 
plans (5+ units).
All plans require an "Occ. Prot. Plan."

Plan Review & Approval: The local authorized agent does not have to be a certified designer to review or approve a remediation plan. However, certification is required to write a remediation plan when abatement is proposed. Also, unless the local authorized agent is a certified designer, any written recommendations to modify a remediation plan must be co-signed by a Regional Environmental Health Specialist (who is a certified designer) when the owner's intent is to abate or permanently eliminate lead-based paint hazards. Remediation plans that utilize only interim controls (e.g., maintenance activities) to address lead-based paint hazards do not require the involvement of certified designers.

Certification Procedures:
Individuals can be certified as workers, supervisors, inspectors, risk assessors, or designers. In order to be certified, an applicant must submit a completed application to the Health Hazards Control Branch, and all applicants, except workers, must successfully complete an examination administered by the Health Hazards Control Branch. Information required on the application includes, but is not limited to, confirmation of training, two color photographs, the appropriate fees (waived for public health regulatory personnel), and if applicable, a description of work experience and education. The application directions provide a detailed description of what documentation is required. When a completed application is submitted, applicants in all disciplines, except workers, will be scheduled for an examination. When each applicant has successfully completed the required examination(s), a certification photo identification card will be issued.

Abatement vs. Remediation:
Under state law (G.S. 130A-131.7(1)) as well as federal regulations, abatement is defined as undertaking one of four methods to eliminate lead-based paint hazards: 1) removing lead-based paint and repainting a surface; 2) removing and replacing a component that is painted with lead-based paint; 3) enclosing a surface that is painted with lead-based paint with an approved material; and 4) encapsulating a surface that is painted with lead-based paint. Under the North Carolina Childhood Lead Exposure Control Act (G.S. 130A-131.7(15)), remediation is more broadly defined to include abatement as well as other methods intended to control lead-based paint hazards on an interim basis and to address other lead poisoning hazards (e.g., contaminated drinking water). An important distinction is that remediation includes methods that are not intended to permanently eliminate lead-based paint hazards (e.g., renovation, remodeling, and maintenance).

Required remediation resulting from a childhood lead poisoning investigation may be accomplished by abatement or by using other methods to control identified lead hazards. If the intent of the owner is to permanently eliminate lead-based paint hazards using one of the four methods prescribed above, then certified supervisors, workers, and designers must be involved. It is the responsibility of the certified firm or owner to notify the Health Hazards Control Branch of the planned abatement. If the owner's intent is to control the hazards on an interim basis, then certified supervisors, workers, and designers are not required. The Maintenance Standard (G.S. 130A-131.7(9)) describes acceptable methods that may be used as interim controls. Other renovation or remodeling activities may also be utilized to control identified hazards. Importantly, an annual monitoring component has been established by state law (G.S. 130A-131.9D) for remediations where lead-based paint hazards are not permanently eliminated. It is important for the local authorized agent to assure that annual monitoring by the health department is stipulated in the remediation plan whenever certified supervisors, workers, and designers are not involved.

I hope this information has helped to clarify lead-based paint certification requirements. In most cases, the anticipated impact on local health departments will be minimal. Nevertheless, the Children's Environmental Health Branch and Health Hazards Control Branch will continue to meet periodically with local Environmental Health Specialists to discuss issues that arise. Please contact Ed Norman at (919) 715-5381 or Pat Curran at (919) 733-0820 if you have any further questions.

cc: EHSS Standard Distribution List