

Childhood Lead Poisoning
Prevention
Authorization Procedures

Original Set

(Please make all copies and discard all
previous forms)

Authorization Procedures Revised
December 1, 2023

Childhood Lead Poisoning Prevention Authorization Procedures

Environmental Health Section, Environmental Health Services Branch

PRELIMINARY ACTIVITIES

Applicant & Supervisor Initial/Date Completed

- _____ 1. The applicant shall successfully complete Centralized Intern Training by the Environmental Health Section, DHHS and the State of Practice (SOP) workshop *Lead Investigation and Abatement*. (Successful completion of SOP workshop includes making a passing score on the exam.)
- _____ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- _____ 3. The supervisor shall assign the applicant to an authorized Environmental Health Specialist in the department to learn routine procedures of field work. If no authorized Environmental Health Specialist is available in the intern's department the Regional Specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning training time and location.
- _____ 4. The supervisor and the Regional Specialist shall discuss and determine if the applicant will accompany the Regional Specialist whenever the Regional Specialist is doing consultation in that county.
- _____ 5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment. A recommended equipment list can be found in the *Lead Investigation and Remediation Manual*.
- _____ 6. The supervisor shall assign the applicant to an authorized Environmental Health Specialist for practice of skills and knowledge in the following specific areas:
 - laws, rules, policies, and forms
 - lead hazard investigation

SCHEDULING THE EVALUATION FOR AUTHORIZATION

Applicant & Supervisor Initial/Date Completed

- _____ 1. When the applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, the applicant shall provide the following to the Environmental Health Section:
 - A. A properly completed *Childhood Lead Poisoning Prevention Authorization Procedures Document* **AND** an Application for Authorization to the Environmental Health Section at: ehs.authorization@dhhs.nc.gov

The Environmental Health Section will contact the appropriate Regional Specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within two months from receipt of completed files and the referral from the Section, the Regional Specialist shall contact his supervisor to arrange for the evaluation to be conducted by another Regional Specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another Regional Specialist. Evaluations for authorizations are top priority for the Regional Specialist.

If the required number of lead hazard investigation opportunities does not exist in the applicant's county, the Regional Specialist shall find an alternate location for these inspections. The health directors of all affected health departments shall be involved in the negotiations concerning the training times and locations.

EVALUATION PROCEDURES

The Regional Specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The Regional Specialist shall determine that the applicant has successfully completed the *Lead Investigation and Remediation* workshop and made a score of at least 70% on the exam.
2. Evaluation activities will begin with an informal review of laws, rules, policies and procedures of the Childhood Lead Poisoning Prevention Branch. When the Regional Specialist determines that the applicant has a thorough understanding of the laws and rules, field authorization activities will be conducted.
3. Field authorization activities will consist of at least one of the following:
 - A. Lead poisoning hazard investigation of a child with a confirmed elevated blood lead level of 20 micrograms per deciliter or greater.
 - B. Lead poisoning hazard investigation of a child with an elevated blood lead level of 10 - 19 micrograms per deciliter.
 - C. Lead poisoning hazard investigation of an existing or proposed school or day care facility.
 - D. Lead poisoning hazard investigation (types A, B or C) in a county other than the applicant's county of employment.
4. The Regional Specialist shall determine if the field authorization activity is representative of an actual investigation and if the applicant's knowledge, skills and ability are effective in conducting the investigation. If deficiencies are noted, additional investigations shall be required.
5. Upon completion of one or more of the field authorization activities, the applicant shall prepare the environmental lead investigation report and the lead hazard notifications. When activity "D" is used, the applicant shall prepare a mock report and notification. The Regional Specialist shall evaluate all reports and notifications.
6. Due to time constraints, lead hazard remediation and testing for clearance of lead from structures are not required to be completed during the authorization process. However, the applicant must prepare a mock remediation plan and lead clearance testing protocol to be evaluated by the Regional Specialist.
7. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section.
8. The Regional Specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the Regional Specialist cannot recommend delegation be granted after the inspections have been conducted in Step 3 of this section, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

DELEGATION OF AUTHORITY

1. Upon receipt of the recommendation from the Regional Specialist, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization.
2. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

CHANGE OF EMPLOYMENT

1. If the applicant becomes employed in another local health department, the individual must apply authorization for the employee to enforce laws and rules. The following steps must be completed.
 - See PRELIMINARY ACTIVITIES, Step 2 and Step 4;
 - See SCHEDULING THE EVALUATION FOR AUTHORIZATION, Step 1
2. When an authorized agent moves from one local health department of the state to another, the Regional Specialist shall assess the need for additional training, which may include attending specified lead workshops.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR DELEGATION OF AUTHORITY

☐ New ☐ Transfer REHS NUMBER _____

PLEASE PRINT CLEARLY AND COMPLETE ALL LINE ITEMS

DATE OF EMPLOYMENT: _____

NAME: _____ MAIDEN: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ WORK EMAIL: _____

CURRENT COUNTY OF EMPLOYMENT: _____

CURRENT COUNTY ADDRESS: _____

HEALTH DIRECTOR NAME & EMAIL: _____

SUPERVISOR NAME & EMAIL: _____

PREVIOUS COUNTY OF EMPLOYMENT: _____ DATE LEFT: _____

CIT TRAINING: LOCATION: _____ DATES: _____

PREVIOUS AUTHORIZATION:

() CCSS	() FLI; Migrant Housing	() POOLS	() WELLS
() CLPP	() OSWP; Migrant Housing	() TATTOO	

TYPE OF AUTHORIZATION REQUESTED:

() CCSS	() FLI; Migrant Housing	() POOLS	() WELLS
() CLPP	() OSWP; Migrant Housing	() TATTOO	

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose:	To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.
Preparation:	This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed. Forms with missing information will not be processed.
Distribution:	1. Original to: ehs.authorization@dhhs.nc.gov - CIT and Authorizations 2. Copy: Local health department files.
Disposition:	This form may be destroyed in accordance with Standard 6, Personnel Records, <i>Records Disposition Schedule</i> published by the North Carolina Division of Archives and History.