

**Director of Health's Report  
on the  
Comprehensive Environmental Lead Poisoning  
Prevention Program  
for  
The City and County of San Francisco**

*(SF Health Code Article 26 Section 1609)*

**Report No.3  
12/2/2003**

**“There are increasing data linking lead exposure with other systemic effects including delinquency, dental caries, and learning problems. Moreover, there is evidence indicating that there is no discernible threshold for lead-associated cognitive deficits. Thus, it is increasingly important to shift our efforts toward the primary prevention of childhood lead exposure from residential hazards.”**

**--excerpted from “Prevention of lead toxicity in US children”, *Ambulatory Pediatrics January-February 2003*;  
Bruce Lanphear et.al., Cincinnati Children’s  
Environmental Health Center, Department of Pediatrics,  
Children’s Hospital Medical Center, Ohio 45229**

***We wish to give special acknowledgement to the Lead Poisoning Prevention Citizens Advisory Committee for their input and guidance in the preparation of this report.***

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## **I. EXECUTIVE SUMMARY**

This is the third such Director's Report, the last report having been issued in November 1998.

### **A. PURPOSE**

In issuing this report, the Director of Health provides the Board of Supervisors an update on the progress the City has made in reaching desired outcomes of preventing childhood lead poisoning. Despite the challenge of an older housing stock with ubiquitous lead paint use, 94% built before residential lead paint ban in 1978, our intent is to ensure that childhood lead poisoning becomes extinct in San Francisco.

Lead is a systemic poison that affects numerous organ systems and serves no known useful purpose in the body. Childhood lead poisoning can cause learning disabilities, concentration and behavior problems, and at very high levels, seizures, coma and even death. The impact of lead exposure on cognition in young children with elevated blood lead levels has been well proven in epidemiologic studies. No threshold for the toxic effects of lead has been identified.

The goal of this report is to provide a status report on citywide prevention activities and to identify what is still needed to prevent childhood lead poisoning. Lead poisoning remains an important and avoidable public health problem in San Francisco, even though the number of newly found lead poisoned children has been decreasing. In fact, research on lead toxicity has been extremely active since this report was last published in 1998, and our knowledge of how lead toxicity impacts individuals and our society as a whole is greater at this time. Some of the leading research findings since 1998 are summarized in the box below.

Data released in June 2003 but not yet published by Western Michigan University researchers, working in cooperation with Kalamazoo's two major hospitals and Michigan State University's Kalamazoo Center for Medical Studies, show that 50 percent of children born in the area during a 10-month period in 2002 were exposed to lead while still in the womb, and about 5 percent of babies born had already suffered lead exposure at levels typically associated with neurological problems.

Research published in the April 17, 2003 issue of *The New England Journal of Medicine* by researchers at Cornell University and others documented that IQ declined by 7.4 points as lifetime average blood lead levels increased from 1 microgram per deciliter to 10 micrograms per deciliter. This finding raises the question of whether the currently designated threshold of 10 micrograms per deciliter as the level of concern is appropriate. In conclusion, authors stated that "Blood lead concentrations, even those below 10 micrograms per deciliter, are inversely associated with children's IQ scores at three and five years of age, and associated declines in IQ are greater at these concentrations than at

higher concentrations. These findings suggest that more U.S. children may be adversely affected by environmental lead than previously estimated.”

Other research published in the November 25, 2002 *Archives of Internal Medicine* by University of Maryland School of Medicine researchers shows there is increased all-cause, circulatory and cancer mortality in adults associated with elevated blood lead levels. The study used mortality follow-up data for participants of the Second National Health and Nutrition Examination Survey, a national cross-sectional survey of the general population conducted from 1976 to 1980. Survey participants aged 30 to 74 years with blood lead measurements were followed up through December 31, 1992 (n=4292). After adjustment for potential confounders, individuals with baseline blood lead levels of 20 to 29 micrograms per deciliter had 46% increased all-cause mortality, 39% increased circulatory mortality, and 68% increased cancer mortality, compared with those whose lead levels were below 10 micrograms per deciliter.

In 2000, the University of Pittsburgh School of Medicine and Children’s Hospital of Pittsburgh showed an association between bone lead concentrations and decrease in performance of the most difficult language processing tasks, in a randomly selected population of 11 to 14 year old boys. The same researchers published in the November-December 2002 issue of *Neurotoxicology and Teratology* a case-control study of 194 youths aged 12-18, arrested and adjudicated as delinquent by the Juvenile Court of Allegheny County, PA and 146 non-delinquent controls from high schools in the city of Pittsburgh. They concluded that elevated body lead burdens, measured by bone lead concentrations, are associated with elevated risk for adjudicated delinquency.

In a June 1999 *Journal of the American Medical Association*, University of Rochester School of Medicine and Dentistry and Children’s Hospital Medical Center researchers demonstrated that environmental lead exposure is associated with an increased prevalence of dental caries (tooth decay) in the U.S. population, estimating that population attributable risk of lead exposure to be 13.5% and 9.6% of dental caries occurring in 5 to 17 year olds measured as having high and moderate blood lead levels respectively.

Because national data has shown that lead exposure is still most common in children living in older housing, both the Centers for Disease Control and the American Academy of Pediatrics have endorsed lead screening in all areas in which 27% or more of housing was built before 1950. All zip codes of San Francisco meet this criterion. More specifically, childhood lead poisoning is most associated with children living in poverty, living in homes built before 1950, or pre-1950 homes undergoing renovation activities. Of San Francisco’s housing units, 68% were built prior to 1950 and 94% were built before lead-based paint was banned for residential use in 1978.

As housing conditions are the most important risk factor for lead poisoning in San Francisco, ensuring an adequate supply of safe housing becomes necessary for lead poisoning prevention. The lack of affordable housing can promote lead poisoning by creating a barrier to tenants taking action on known risks.

With these findings in mind, we wish to establish a five-year strategic plan to eliminate childhood lead poisoning in San Francisco. Part E. of this section will detail such a plan.

The supplemental sections of this report will describe the mandates placed on the Department of Public Health and other City Departments and Agencies under the 1992 ordinance, in addition to recommending further objectives to prevent lead poisoning:

- All City facilities and property accessible to children are free of lead hazard.
- All clients of City agencies that are involved with children and families are providing lead education, including lead hazard prevention and access to lead testing for young children.

Health Code Section 1609 specifies that the Director’s Report on Childhood Lead Poisoning is “describing the current efforts of all City agencies pursuant to this ordinance, including but not limited to:

(1) The extent to which the City is providing community education, screening and treatment of children, lead hazard reduction (testing, interim measures and abatement), and enforcement of the provisions of the Program.

(2) The effectiveness of the program and the City agencies’ efforts in implementation, including, but not limited to, additional actions needed to effectively implement and carry out the Program, the reasons why those actions are not being taken, and the plans of the relevant City agencies to implement those actions, including descriptions of specific actions, time lines and the work plans and budgets of all City agencies involved in implementing the Program.

(3) Recommendations for legislation and regulations to improve implementation of the Program.

(4) A survey of other state and local efforts to abate lead hazards which might provide models for improvements to this Program.”

## **B. PROBLEM OVERVIEW**

### 1. Housing Stock and Lead Sources

San Francisco’s housing stock dates from the Gold Rush era of 1849. U.S. Census data indicates that San Francisco is the 4<sup>th</sup> highest city in the United States in terms of the percentage of pre-1940 housing units.

All SF neighborhoods were fully developed by the end of World War II, and therefore 94% of our housing units were built prior to the 1978 ban on residential lead-based paint, and 68% of the housing stock is pre-1950, which is considered the time frame when paint contained the greatest concentration of lead.

Have we identified the groups of children most at risk and the most common sources of lead exposure in San Francisco? Yes. The two major groups of children at risk of lead

exposure are impoverished children who live in older, poorly maintained rental housing and more affluent children who live in older housing undergoing renovation.

Lead content is found in most pre-1978 homes, in damaged paint surfaces, renovation-related debris and dust, and in soil. These lead sources have been the major exposure to all lead poisoning cases investigated to date in San Francisco. Thus all children in SF's housing stock are at risk of lead exposure, through deterioration of lead-containing paint or via renovation and repainting activities that disturb older paint layers. We have published a case study document to illustrate typical and atypical exposure pathways to the children we have case-managed (see appendix).

## 2. Child Development and Exposure Pathways

Have we identified the major exposure pathway to children in San Francisco? Yes. Lead poisoning is most common in one and two-year-olds due to normal developmental behavior in which children frequently have oral behavior, such as placing lead-contaminated hands and objects in their mouths, or come in contact with lead-contaminated ground, floor and window frame surfaces due to their age-appropriate developmental tasks of crawling and exploring. SF case finding by age has been consistent with national and state trends.

## 3. Blood Lead Screening and California Law

Approximately 8,000 children are born each year in San Francisco, with 3,200 of them considered low-income and at greatest risk of lead poisoning. California law requires that all children receiving subsidized health care be given a lead test at one and two years of age, and that all families, regardless of income, be given anticipatory guidance about preventing and detecting childhood lead poisoning. Testing is required at both one and two years of age because children's developmental behavior differs at those two ages, and both behavioral stages provide the greatest potential for lead exposure. San Francisco has universal health insurance coverage of children, and all California health insurance plans must pay for the lead test.

Unfortunately many families are not offered anticipatory guidance about lead poisoning or lead testing of their young children. Therefore our population of children with elevated blood lead levels is greatly under-identified. The San Francisco Health Plan, the largest insurer of San Francisco children on Managed Care Medi-Cal reported the following, based on year 2000 data:

At least one lead test by 12 months of age	7.9%
At least one lead test by 27 months of age	46.4%
At least two lead tests by 24 months of age	3%
At least two lead tests by 27 months of age	7.9%

## 4. Surveillance Data

San Francisco's lead poisoning findings are consistent with those of other urban areas in the U.S. From 1991-2001, a total of 1,545 children under six years of age were reported to DPH with elevated blood lead levels, greater or equal to 10 micrograms per deciliter, the CDC level of concern which requires re-testing in three months time. As of April 22, 2003, DPH has provided case management services to 621 children (where lead levels = 15ug/dL and above). Case management services include public health nursing, nutritionist services and environmental investigation of lead hazards.

In April 1996, DPH Children's Environmental Health Promotion Program implemented a system to assign timely health education services to children detected at low elevated blood lead levels (10-14µg/dL), aiding in the prevention of further exposure and hopefully preventing them from becoming a case at a later time. Through April 22, 2003, 431 children have been processed through this system. DPH is under contract with the State to provide these specific services at these blood lead levels. Our local authority augments our case management services by allowing us to declare identified lead hazards as "public health nuisances" required to be corrected by affected property owners.

### **C. PROGRESS MADE**

*Has San Francisco stressed the primary prevention of childhood lead poisoning?* Yes. All concerned parties have come together to increase public awareness, improve housing conditions and increase lead-safe work practices. We have conducted extensive public and professional education and outreach about lead poisoning prevention. Lead poisoning case load has declined significantly in San Francisco, as in most of the U.S. However, there are still major gaps that prevent us from declaring this disease as conquered, which are outlined in parts D and E below. Landlords are required to issue a SF-specific lead hazard notice to tenants, and home improvement stores are required to post a warning sign informing consumers that scraping, sanding or removing lead paint without safe methods creates health hazards.

*Are we adequately protecting children from exposure to lead hazards, and consequently to developing lead poisoning?* We have offered significant protection to children with local legislation amending the SF Health Code:

- Article 26 of the SF Health Code gives the Health Director authority to order lead hazard remediation for identified lead hazards affecting lead-poisoned children;
- Article 11 of the SF Health Code gives the Health Director authority to order lead hazard remediation for identified lead hazards affecting children up to 72 months of age.

The Health Director is empowered to order property owners to correct lead hazards identified by the Public Health Department (DPH) in the homes of children less than 6 years of age, and in the homes of lead-poisoned children up to 21 years of age. We have conducted 45 proactive health code inspections of the residences of the most vulnerable families in our city, those families living in single-room occupancy hotels, which resulted



in 27 Notices to Abate (60% of units inspected). An additional 98 complaint-based cases were initiated, resulting in 71 Notices to Abate (72% of units inspected).

In addition, we have protected the public at large through local legislation amending the SF Building Code. The Building Director is empowered to enforce a safe work practices regulation for all disturbances of exterior paint on pre-1979 buildings. The Department of Building Inspection (DBI) Lead program has received approximately 400 complaints a year related to this code requiring their investigation.

➤ Chapter 3407 of the SF Building Code gives the Building Director authority to require containment, notification, lead-safe work practices and adequate clean-up whenever the exterior of a pre-1979 building is being disturbed by painting preparation, renovation or demolition activities. The Director also has authority to order clean-up and clearance testing wherever these proactive requirements have not been met.

*Have we solved the problem?* No. Locally, we are strong on resources to prevent lead hazards to children, but due to low testing rates, unsure if we have succeeded in identifying those children at greatest risk of lead exposure. Our need is to close this gap and ensure that all the families who need support to recognize lead hazards, prevent lead exposure and receive medical evaluation of their child's blood lead level will receive that support.

This report will make several recommendations as to further steps necessary, such as the expansion of Chapter 3407 to include the interiors of pre-1979 buildings, and providing incentives and resources to property owners and contractors to maintain lead-safe buildings and to utilize lead-safe work practices.

#### **D. CHALLENGES REMAINING**

*Have we identified and addressed all barriers to lead screening of SF children under six years of age at highest risk of lead poisoning?* No.

Barrier #1: Medical provider perception that lead screening is not warranted due to low yield. Lead screening is a medical practice to identify children with elevated blood lead levels (secondary prevention). High yield is not a requirement of effective screening. DPH needs to more effectively convey this message to citywide children's health services providers.

Barrier #2: There is little onsite phlebotomy available at medical offices and clinics, requiring parents to visit a second location to obtain the blood lead test. This could be remedied by offering finger-stick blood lead testing in medical offices and clinics. DPH Children's Environmental Health Promotion is seeking to provide such training to interested clinicians.

*Have we offered adequate incentives and education to property owners and contractors to prevent lead hazards?*

No. While various city agencies have offered ongoing education to property owners and contractors, there is no continuously supported institutionalized effort to offer such incentives and training, as has been offered by the Alameda County Childhood Lead Poisoning Prevention Program. The Alameda County incentive program is funded through a \$10/parcel property fee assessment in 4 cities by a joint powers authority, and offers support to contractors to gain access to capital equipment loans to buy lead-safe equipment, obtain lead hazard liability insurance and receive lead certificate training.

*Have we addressed the lack of affordable healthy housing in San Francisco, which makes low income residents fearful of reporting lead hazards and asking for their correction?*

No, we have not. DPH clients routinely cite their fear of retaliation and losing substandard housing as a significant factor preventing them from requesting lead hazard remediation directly from their landlord or through an enforcement agency such as DPH. Childcare operators in rental units also fear such retaliation and loss of their income if lead hazards are reported, and many were not able to take advantage of our HUD grant resources due to this barrier. The city needs to develop interagency approaches to reflect the health impacts of affordability in city housing policy.

## **E. RECOMMENDED NEXT STEPS**

### **Strategic Outcome I**

Every child in San Francisco can live, learn and play without exposure to lead hazards. Pregnant women and parents of young children can have affordable healthy housing and child care choices free of lead hazards.

- 1) Year 1: Support proposed revision to Building Code Chapter 3407 to include lead-safe work practices for interiors of pre-1979 residential and child care use buildings.
- 2) Year 1: All City Agencies performing or contracting for construction or renovation work must have policies and procedures to prevent the creation of lead hazards, such as: a) determine lead content of surfaces being disturbed, b) conduct lead-safe work practices and hazardous waste disposal practices, and c) provide clearance testing for re-occupancy. This standard should be instituted whether or not work is executed by City agencies, City contractors or by contractors funded through City agencies and hired by outside programs. In addition, all agencies need to show compliance with Cal/OSHA lead training requirements.
- 3) Year 1: Department of Public Health to convene Affordable Healthy Housing strategy group along with SFHA, SFRA, the Planning Department, and MOCD and take leadership to promote policy and practice changes.
- 4) Year 2: To seek to establish the types of incentives available in Alameda County, require Mayor's Office of Housing to host a "think-tank" session on how to create incentive programs and support contractors to gain access to capital equipment loans

to buy lead-safe equipment, obtain lead hazard liability insurance and receive lead certificate training.

- 5) Year 2: Prioritize budgetary support to City agencies seeking to make all facilities lead-safe for children, such as Recreation and Park Department's work on identifying and remediating lead at playgrounds and recreation centers. Require regular progress reports of all such agencies.
- 6) Year 3: Prioritize budgetary support to increase affordable housing and child care opportunities in San Francisco, and ensure that the developers of those are provided the resources to ensure the absence of lead hazards.
- 7) Year 4: Audit effectiveness of above interventions and make necessary improvements for Year 5 activities.

### **Strategic Outcome II**

Every child has a culturally competent medical home and receives blood lead testing at one and two years of age. Anticipatory guidance on lead poisoning and its prevention is provided to all parents/guardians of these children. Elevated lead levels shall be provided appropriate case management and educational response by the Department of Public Health.

- 1) Years 1-5: Maintain support for the community-based and Health Department infrastructure which conducts outreach and enrolls low-income children into health insurance coverage: Medi-Cal, Healthy Families and Healthy Kids. Ensure that enrollment process is used to assign a medical home.
- 2) Years 1-2: DPH Children's Environmental Health Promotion shall provide a childhood lead poisoning Anticipatory Guidance tool meeting DHS regulations to all SF medical providers treating children in Year 1, and audit usage in Year 2.
- 3) Years 1-2: DPH Child Health and Disability Prevention with Managed Care Medi-Cal Plans shall audit compliance with lead screening mandates and report on findings and intervention strategies.
- 4) Year 2: Expand availability of child phlebotomy citywide and training for finger stick blood lead testing.
- 5) Year 2: Provide citywide centralized cultural competency training and evaluation measures for medical providers through the Building a Healthier San Francisco Collaboration (SB697). Based on billing data, determine if any cultural/ethnic group has been underserved in lead screening received, and incorporate that finding into cultural competency training.

- 6) Year 1: Formalize DPH protocols for case management response to reported blood lead levels, including mandatory remediation of identified lead hazards, based on review of current toxicological literature. Provide lead prevention education and outreach to any family where blood lead levels have been detected.
- 7) Year 4: Audit effectiveness of above interventions and make necessary improvements for Year 5 activities.

### **Strategic Outcome III**

Disparities in blood lead levels and exposure to lead hazards among children by race/ethnicity, income level or geographical location are explicitly addressed and decreased by relevant government agencies, led by the Department of Public Health.

- 1) Years 1-2: Department of Public Health Children's Environmental Health Promotion shall work in collaboration with those city agencies and health plans directly serving the population at greatest risk of lead poisoning to coordinate the education and outreach efforts promoting blood lead testing at one and two years of age and access to lead hazard reduction knowledge and resources.
- 2) Years 1-5: Department of Public Health Children's Environmental Health Promotion must obtain and analyze Medi-Cal Managed Care Plans' lead screening billing data on an annual basis to track if blood lead testing is improving per medical practice and to identify populations which have been underserved. DPH must prioritize outreach to medical providers, families and communities revealed to have the greatest deficit of lead testing, and to those with the greatest burden of elevated lead levels.
- 3) Year 4: Audit effectiveness of above interventions and make necessary improvements for Year 5 activities.

## II. SUMMARY OF HEALTH CODE ARTICLE 26 MANDATES PER CITY AGENCY:

<b>Tasks</b>	<b>Department</b>
Convene and coordinate City Agency Task Force	<b>DPH</b>
Produce Information Bulletin	<b>DPH</b>
Distribute Information Bulletin to clients	<b>DPH, SFUSD, DHS (formerly DSS), Recreation &amp; Park, Library Commission, DCYF</b>
Provide education to childcare providers and their clients	<b>DPH</b>
Provide information to building and demolition permit applicants	<b>DBI</b>
Establish a system to manage lead poisoning cases that includes screening, test results reporting, environmental investigation, data management, and provision of temporary safe housing. Investigation and Order Authority in response to lead hazard findings from environmental investigation.	<b>DPH</b>
Create a Guideline for City agencies to identify city property that may create a risk of lead exposure to children; all Departments to implement the Guideline	<b>DPH—Guideline and All Departments—Implementation</b>
Identify geographical Priority Areas in which highest priority is given for lead poisoning prevention activities	<b>DPH</b>
Direct resources to Priority Areas for lead poisoning prevention activities	<b>DPH and All Departments</b>
Identify non-housing sites that may pose a risk of lead exposure to children	<b>DPH</b>
Develop proposed programs for grants, loan guarantees and low or no-interest loans to property owners	<b>Mayor’s Office</b>
Produce report on the status of the Comprehensive Lead Poisoning Fund	<b>Controller</b>

### **III. RECOMMENDATIONS TO 8 CITY AGENCIES DIRECTLY SERVING FAMILIES**

**Department of Children, Youth and Families (DCYF)**

**Brenda Lopez, Director**

*Goal: Families served by DCYF and client agencies will be aware of lead poisoning prevention resources and the need to obtain lead tests for their children up to 72 months of age.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p><b>I. Training</b> DCYF will require that its staff and grantees serving young children receive training on lead hazard reduction and lead testing of children, and be able to provide resource referrals to the families served, with DPH-CEHP support.</p>	<p>For each new round of contractors: Training agenda; Attendance list; Handouts; Resource and referral listing</p>	<p>DCYF will host a CBO Quarterly meeting in March 2004 for the staff of 200+ community based organizations and City department programs. This training will be on the agenda. We will also have handouts and resource &amp; referral listings.</p>	<p>Winna Davis, Director of Programs and Grants  Nani Coloretti, Director of Planning, Fiscal and Budget</p>
<p><b><u>II. Work plans</u></b> DCYF will develop a work plan for contractors working with families of young children, which include methods, materials, and evaluation that contractor can use to conduct and document such resource referral, with support by DPH-CEHP.</p>	<ul style="list-style-type: none"> <li>• Work plan;</li> <li>• Materials for contractors to use with families;</li> <li>• Resource and referral listing;</li> <li>• Documentation form for contractors use</li> <li>• List of contractors implementing work plan</li> </ul>	<p>DCYF is still developing the materials and the resource and referral listing with the help of and support from DPH-CEHP. All parts of the workplan will be in place by early March. We will be issuing and RFP for services for 3 years in late February so there will be a new list of grantees providing services beginning July 1, 2004 – June 30, 2005</p>	<p>Winna Davis, Director of Programs and Grants  Nani Coloretti, Director of Planning, Fiscal and Budget.</p>

**Department Of Human Services (DHS)**

**Trent Rhorer, Executive Director**

*Goal: Families served by DHS and client agencies will be aware of lead poisoning prevention resources and the need to obtain lead tests for their children up to 72 months of age.*

Mandates And Health Director's Recommended Objectives	Measures that indicate objective has been achieved; date of completion	If incomplete, work plan with due dates	Responsible Party	Agency comments
<p><b>I. Facilities</b> By December 31, 2003, ensure that all facilities with lead-based paint are provided with periodic risk assessments to ensure that all lead hazards are mitigated prior to occupancy. Train maintenance staff to conduct visual assessment of the facilities for potential lead hazards.</p>	<p>1. Training documentation for building facilities staff: Two of the Maintenance crew attended Lead inspection training in 1999. Awareness training was provided to all of support crew also in 1999.</p> <p>2. Risk assessment/inventory of all sites and locations where lead-based paint is located: Proof?</p> <p>3. Monitoring of all facilities assigned to either in-house facilities maintenance or outside contractors: Proof? Log form for maintenance staff to document biannual inspections.</p>	<p>1. Refresher training to be provided to all by Sept. 2003. Awareness training will be provided to new maintenance staff by Sept. 2003.</p> <p>2. Inventory to be completed by 12/31/03.</p> <p>3. Log form to be created by 12/31/03. Biannual monitoring logs are submitted to Industrial Hygienist for corrective action.</p>	<p>Rose Chow, Ernie Santa Maria – Support Services</p>	
<p><b><u>II. Staff And Foster Parent Education</u></b> By December 31, 2003, evaluate and report on progress of staff and foster parent education programs.</p>	<p>All Child Welfare Workers and CalWorks Workers were trained as of 1999.</p> <p>Documentation exists of lead education program at Foster Parent Orientations (4 times/yr), New Child Welfare Workers (4 times/yr), New CalWorks Workers (3 times/yr)</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Joy Rivera, Pete Maspotella</p>	
<p><b><u>III. General Client Education</u></b> <b><u>A. Display</u></b> Evaluate and report on public education program integrating lead prevention education in three languages into</p>	<p>Quarterly status report to Lead Poisoning Prevention Citizen's Advisory Committee</p>	<p>Ongoing</p>	<p>Joy Rivera</p>	



<p>specifically identified DHS settings and events for families, and providing access to lead educational materials to DHS clients, with the objective of increasing awareness of lead hazard reduction resources and the need to test young children. Oversight, monitoring and regular reporting of distribution activities will ensure that families are reached.</p> <p><u>B. Mailings</u> DHS will insert lead prevention educational materials into mailings twice a year.</p>	<p>Staff hired/assigned to maintain the educational materials in client waiting rooms at:</p> <ul style="list-style-type: none"> <li>▪ 170 Otis Street</li> <li>▪ 225 Valencia Street</li> <li>▪ 3801 Third Street</li> <li>▪ 1440 Harrison Street</li> <li>▪ 3120 Mission Street</li> </ul> <p>Site-based staff will report to DHS management on a quarterly basis, the number of materials given in each language, and their need of additional support and materials.</p> <p>Last documented mailing in 2000. Content will be developed in collaboration with DPH Childhood Lead Prevention Staff. Distribution managed by Support Services Supply Room to all CalWorks clients.</p>	<p>Ongoing. DHS needs to provide documentation of mailings and numbers reached.</p>	<p>Anna Vilapando Georgia Fie Wanda Jung Roy Li</p> <p>Raymond Wong, Joy Rivera, DPH staff</p>	
<p><u>IV. MOU With DPH-Children's Environmental Health Promotion</u> DHS will commit to MOU with DPH to explain respective roles in meeting the mandates of Health Code Article 26 for public education and outreach to families receiving public assistance.</p>	<p>MOU was signed in November 1999. All activities have been fulfilled as stated.</p>	<p>Due to be updated by Sept. 2003.</p>	<p>Joy Rivera, DPH staff (Joe Walseth)</p>	
<p><u>V. Coordination With Agencies Providing Outreach To All Families Receiving Public Assistance</u> Several agencies including DHS shall design a common outreach strategy to increase</p>	<p>Initial meetings in December 2002 and April 2003 produced a work plan of activities and responsible parties.</p>	<p>Quarterly reporting to Lead Poisoning Prevention Citizens Advisory Committee.</p>	<p>Joy Rivera as DHS rep.</p>	

lead screening for children under 72 months of age receiving MediCal and Healthy Families and to those who living in Housing Authority and Section 8 Housing.				
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**Department of Public Health (DPH)**  
**Mitchell H. Katz, MD, Director of Health**

*Goal: Department of Public Health facilities will be free of lead hazards, and families served by DPH programs will be aware of lead poisoning prevention resources and the need to obtain lead tests for their children up to 72 months of age.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p><u>I. Facilities:</u> Ensure that all facilities with lead-based paint are provided with periodic risk assessments to ensure that paint is in intact condition.</p>	<p>Facilities with lead-based paint have inventory of all locations needing periodic inspection, and log form for designated trained individuals to document and report visual inspections on a biannual basis. Lead abatement has occurred in stairwell at 101 Grove St., as previously recommended.</p>	<p>NA</p>	<p>NA</p>

<p><u>II. Community Education:</u> Children's Environmental Health Promotion (CEHP) will publish an Information Bulletin series on prescribed lead issues and disseminate Bulletin as required by Article 26.</p> <p>CEHP will continue to audit home improvement stores on an annual basis for their requirement to display lead hazard warning signs and provide lead hazard reduction information and resources to clients.</p> <p>Continue outreach to those occupationally exposed e.g. day laborers, to prevent take-home exposure to children.</p>	<p>Documentation of Bulletin and its distribution. Documentation of participation in outreach events.</p> <p>Record of annual audit.</p> <p>Record of day laborer and other occupational-based outreach and education efforts.</p>	<p>Next Bulletin due 1/04</p>	<p>Information Bulletins have been produced and distributed at least twice yearly.</p> <p>Audit and restocking of stores completed annually.</p> <p>Outreach completed and documented as part of State lead grant.</p>
<p>CEHP to formulate Affordable Healthy Housing strategy group, and take leadership to promote policy and practice changes.</p>	<p>Documentation of strategy group meetings and other efforts.</p>	<p>In progress with CEHP supervisor, Rajiv Bhatia, MD, Director of Occupational and Environmental Health for DPH</p>	

<p><u>III. Medical provider education:</u> Children’s Environmental Health Promotion (CEHP) in conjunction with Child Health and Disability Prevention (CHDP) will provide a sample Anticipatory Guidance tool to all pediatric and family practice medical providers in SF, and offer finger stick training to same providers.</p> <p>Request lead billing data annually from the two Medi-Cal Managed Care Health Plans as a basis for prioritization of medical provider outreach.</p> <p>Incorporate lead prevention and screening efforts with all community clinics, not just those managed by DPH.</p>	<p>Record of mailing of Anticipatory Guidance tool.</p> <p>Documentation of training.</p> <p>Documentation of data request, analysis and outcomes.</p> <p>Documentation of outreach efforts.</p>	<p>In development; mailing planned for January 2004.</p> <p>Fingerstick training initiated November 2003.</p> <p>Fingerstick training will be offered to all community clinics by 6/04.</p>	<p>Data requests have been made, but no response has been obtained from either Health Plan, which prevents us from achieving this objective.</p>
<p><u>IV. Community Health Network (DPH) Medical Provider Services:</u> Community Health Network will either restore adequate phlebotomy services at all CHN Health Centers to provide onsite lead testing during well-child visit appointments, or mandate use of finger-stick protocol. CEHP can provide training and technical assistance to establish finger stick protocols.</p> <p>Establish lead screening prompt for all one and two year olds on the Lifetime Clinical Record database.</p>	<p>CHN to document restoration of phlebotomy services or implementation of finger stick protocols to increase lead testing.</p> <p>CEHP to document increase in lead testing.</p> <p>Document change to LCR and whether screening increased as a result.</p>	<p>Some phlebotomy services appear to have been restored to non-hospital based clinics. CEHP to survey clinics for adequacy of current services by 2/04.</p>	

<p><u>V. Monitoring of Medical Providers' Services:</u></p> <p><u>A. Child Health Disability Prevention Program (CHDP):</u></p> <p>1. Create a goal to increase the number of children receiving lead tests by 5 percent.</p> <p>2. Provide regular ongoing chart audits of the CHDP well-child care mandate for one and two year olds to receive lead testing, by auditing a representative percentage of medical providers annually, and share findings with the Lead Poisoning Prevention Citizens Advisory Committee and DPH Children's Environmental Health Promotion.</p> <p>3. Upon finding of deficiencies in lead screening, create Corrective Action Plan for medical provider, requiring report back of improvements.</p>	<p>Goal documented.</p> <p>Audits documents and reported annually.</p> <p>Documentation of Corrective Action Plans and improvement reports.</p>	<p>CHDP Staff conducted Post Audit PM160 compliance review from August to December 2002. Results indicate provider compliance is low, improvement needed</p> <p>1) CHDP Staff initiated annual provider-specific site audits to monitor and evaluate screening of one and two year olds.</p> <p>2) Use audit findings as baseline to evaluate provider specific performance improvement following training at 6 month intervals.</p>	
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<p>4. Plan with Children's Environmental Health Promotion PHN to provide follow-up outreach and finger-stick training.</p> <p>5. Coordinate lead screening audit information with two Medi-Cal Managed Care Health Plans and CEHP public health nurse at least twice a year. Compare with Health Plan billing information.</p>	<p>Documentation of referrals and follow-up by CEHP.</p> <p>Documentation of coordination.</p>	<ol style="list-style-type: none"> <li>1) Plan to implement fingerstick training Oct 2003 – June 2004.</li> <li>2) Anticipatory guidance materials ordered and will be distributed by providers to families.</li> </ol>	<p>CHDP actively participating in "Healthy Families in Healthy Homes Collaborative" to implement Corrective Action Plan for 2003-2004 including:</p> <ol style="list-style-type: none"> <li>1) Develop and implement Fingerstick Training Curriculum</li> <li>2) Use of Parents' Page and MCH "Healthy Outlook Newsletter" to highlight lead screening requirements and accomplishments</li> </ol> <p>Develop incentive driven outreach to providers to increase screening</p>
<p><u>B. Foster Care Support</u>  CHDP public health nursing unit will continue to support DHS Foster Care Unit to improve and monitor lead testing of children in foster care. The CHDP nurses will report to the Lead Poisoning Prevention CAC on the impact of their efforts to ensure that foster care children one and two years of age receive appropriate lead testing.</p>	<p>Document protocols of Foster Care unit and effectiveness of monitoring.</p>	<p>System in place. CEHP Public Health Nurse will visit to audit effectiveness by 2/04.</p>	

<p><u>VI. Case Management Services to children with elevated lead levels</u>  Formalize DPH-CEHP protocols for case management response to reported blood lead levels, including mandatory remediation of identified lead hazards, based on review of current toxicological literature. Provide lead prevention education and outreach to any family where blood lead levels have been detected.</p>	<p>Children’s Environmental Health Promotion to produce approved case management protocol. Education and outreach to be documented for any detectable blood lead level reported.</p>	<p>Routine activity of CEHP under contract with State for lead poisoning case management. Level of concern formally lowered as of September 2003.</p>	
<p><u>VII. Integration of Lead Poisoning Prevention into Services of Children, Youth and Families Section:</u></p> <p><u>A. Education and Outreach</u>  <u>Integration issues:</u>  Continue exchange of outreach materials and cross-training in program goals among all DPH child health-focused programs. Create mechanism to evaluate impact of coordination and cross-training on service delivery and clients.</p> <p>In particular, ensure that DPH direct service programs to families integrate lead hazard reduction information and resources as well as promotion of lead testing of young children into their programs, where applicable. Create mechanism to evaluate impact of such integration.</p>	<p>Project outcomes and deliverables; evidence of cross-training and collaboration.</p> <p>Document mechanism for exchange and cross-training.</p> <p>Document evaluation of integration and impact.</p>		<p>Children, Youth and Family Programs health educators have now coordinated a joint outreach product, post-it notes with a series of health promotion messages in multiple languages.</p> <p>Group continues to meet to coordinate staffing and literature available for health fairs and other community outreach events, and to plan a June 2003 cross-training.</p>



<p><b>B. Childcare Health Program:</b> Report whether consultants have been involved with advising childcare centers about lead hazards or lead screening. Once consent is obtained, report if consultants have audited health records of 3 year olds to determine if lead tests were given at 1 and 2 years of age.</p>	<p>Documentation; referrals</p>	<p>CEHP Public Health Nurse providing lead case management works .50 FTE with the childcare health program as well, and has provided cross-training to other staff.</p>	
<p><b>C. WIC Nutrition Services:</b> WIC staff to refer all clients with deficient iron levels to their medical provider for lead testing, or provide lead screening education or referral to CEHP for follow-up.</p>	<p>Documentation of protocol; referrals</p>	<p>WIC staff has agreed to:  1. Request a blood lead test when a child is anemic (both mild and severe anemia).  2. If the blood lead test is at or above 10ug/dl, the WIC staff will fax a copy of the WIC referral form (which has the Hgb/Hct and blood lead test result) and a consent form signed by the participant to WIC manager and the case will be referred to CEHP. CEHP Public Health Nurse will audit by 1/04 for effectiveness of policy.</p>	
<p><b>D. Dental Services:</b> Report if the system's dental providers have been notified of how and why to refer those patients under 72 months of age with high level of dental decay for follow-up for lead testing, or provide lead screening education or referral to CEHP for follow-up.</p>	<p>Documentation of protocol; referrals</p>	<p>Mailing to dental providers was completed, as well as to public health nurses. CEHP Public Health Nurse will audit by 2/04 for effectiveness of policy.</p>	

<p><u>E. Public Health Nurse Home Visiting and Newborn Home Visiting Services:</u> Report if current and future planned best practices for PHN home visiting and Newborn Home Visiting services include informing parents of lead exposure sources, lead hazard reduction measures and need for blood lead testing at one and two years of age.</p>	<p>Documentation of lead-related content of home visiting “best practices” protocol.</p>	<p>Training of new hires pending, December 2003.</p>	
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**Juvenile Probation Department**  
**Gwen Tucker, Chief Probation Officer**

***Goal: Juvenile Probation Department facilities will be free of lead hazards, and families served by JPD and client agencies will be aware of lead poisoning prevention resources and the need to obtain lead tests for their children up to 72 months of age.***

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<u>I. Facilities</u> Continue to work on priority list of remediation needed for visible paint deterioration in both interior and exterior locations. If necessary, test for lead content of all damaged paint areas.	<i>Report progress: Replacing 11 of 17 buildings on the YGC site in Juvenile Hall Replacement Project. Tested and removed all damaged interior paint in remaining public service buildings. LBP is also removed on all remodel projects in Dept. buildings.</i>	<i>Juvenile Hall Replacement Project scheduled for completion in late 2005.</i>	
<u>II. Public Education</u> Continue to distribute public education materials received from DPH and to provide to clients and parents of children less than six years of age information about testing their children for lead.	<i>Distributing public education brochures from DPH to families through staff and making the brochures available on site at information lobby, personnel office and on bulletin boards.</i>		<i>No young children are housed at the facility. All children who visit public spaces at the facility are under parental control.</i>
<u>III. Progress Report</u> Provide annual in-person report to Lead Poisoning Prevention Citizen Advisory Committee on achievements and status.	Annual attendance at CAC		

**Public Libraries Department**  
**Susan Hildreth, City Librarian**

*Goal: Public Library facilities will be free of lead hazards, and families using Public Library services will be aware of lead poisoning prevention resources and the need to obtain lead tests for their children up to 72 months of age.*

Mandates and Health Director's Recommended Objectives	Measures that indicate objective has been achieved; date of completion	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p><u>I. Facilities</u>            Ensure that all facilities with lead-based paint are provided with periodic risk assessments to ensure that paint is in intact condition.</p>	<p>Facilities with lead-based paint have inventory of all locations needing periodic inspection, and log form for designated trained individuals to document and report visual inspections on a biannual basis. Last biannual inspection completed in June 2003.</p>		<p>19 SFPL branches are scheduled for renovation over the next 10 years. Elimination of lead-based paint will be addressed in these renovations.</p> <p>4 currently leased facilities will be replaced with completely new buildings.</p> <p>2 branches (Mission, Chinatown) were renovated within the last seven years. Lead was abated at that time.</p> <p>1 branch, Ocean View is a newly constructed facility and is lead free.</p> <p>All branches will have been renovated or have newly constructed sites within the next 10 years.</p>

<p><u>II. Public Education</u>  By December 31, 2002, appoint a Coordinator and create an ongoing public education program integrating lead prevention education into regular Library events for families, holding special events in coordination with DPH, and providing language-appropriate access to educational materials to Public Library clients, with the objective of increasing awareness of lead poisoning prevention resources and the need to test young children.</p> <p>The Main Library and Branches will continue partnership and joint events planning with DPH Children's Environmental Health Promotion Section by:</p> <ul style="list-style-type: none"> <li>➤ Participating in Public Health and National Lead Weeks, by inserting bookmarks into books or brochures at other selected times of the year;</li> <li>➤ Planning events in specific branches in communities which have experienced the greatest burden of lead poisoning</li> </ul>	<p>Coordinator appointed</p> <p>Documentation describing public lead prevention education program</p> <p>Evaluation measures for program</p> <p>Schedule of annual events</p> <p>Status report on the Public Lead Prevention Education Program shall be reported on a quarterly basis to the Lead Poisoning Prevention Citizen Advisory Committee.</p>	<p>Six lead prevention programs were offered at SFPL sites by the DPH Lead Task Force. Programs were free and provided in English, Spanish and Cantonese.</p> <p>Bookmarks have been provided with books during Public Health and National Lead Week annually.</p>	<p>Original coordinator retired and an interim coordinator has been appointed.</p> <p>Programs given at Park, Excelsior, Presidio and Chinatown branches. Last presented in 1998. SFPL is willing to present future programs as made available by the Task Force.</p>
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<p><u>III. Materials Distribution</u> Coordinator will ensure that lead prevention educational materials will be distributed in languages appropriate for communities where branches are located. Oversight, monitoring and regular reporting of distribution activities will ensure that families are reached.</p> <p>The Coordinator will provide lead education written and AV educational materials in at least three languages to the branches, train site managers and staff so they can give lead prevention information to the public and make sure that lead materials are displayed and easily accessible to the public. Branches are responsible for asking the Coordinator for support and replacement of materials, if needed before the next scheduled distribution cycle.</p>	<p>As above, status report on the lead education materials distribution and monitoring plan shall be reported to the Lead Poisoning Citizen Advisory Committee on a quarterly basis.</p> <p>Documentation of site manager/staff training.</p> <p>Documentation of materials distribution, numbers and languages per site.</p>	<p><u>Brochures:</u> More than 40 hazard and safe lead abatement brochure titles are stocked in the Library's supply room for ongoing distribution through the system. A list of the publications is distributed annually to branch managers with reminder of availability and SFPL obligations for distribution.</p> <p>SFPL picks up all additional brochures from Childhood Lead Prevention Program upon notification of availability. These are sent to all Library locations for public distribution.</p> <p>Copies are generally kept in vertical file or binder for constant availability.</p> <p><u>Cataloged Library Materials:</u></p> <ul style="list-style-type: none"> <li>➤ Books – more than 18 print titles in the collection related to lead abatement and lead poisoning prevention</li> <li>➤ Videos – 3 video titles are available</li> <li>➤ Web Sites – Library users can access a wide range of relevant web sites through the Library's computers or by using home computers and going through the Library's web page.</li> <li>➤ Magazine Articles – SFPL catalog provides access to a</li> </ul>	<p>Languages include: English, Chinese, Spanish, Cambodian and Tagalog.</p> <p>Distributed to:</p> <ul style="list-style-type: none"> <li>➤ Main Library Stegner Environmental Center</li> <li>➤ Main Library Children's Center</li> <li>➤ Main Library General Information Center</li> <li>➤ Children's Bookmobile</li> <li>➤ 26 Branches</li> </ul> <p>➤ Maintaining A Lead Safe Home by Dennis Livingston is at all locations. Others vary.</p> <ul style="list-style-type: none"> <li>➤ English, Spanish, Chinese and closed captioned.</li> <li>➤ Sites offer information in various languages including English, Spanish and Chinese.</li> </ul>
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		<p>large number of relevant magazine articles. Some are full text and available through the user's home computer.</p> <p><u>Site Manager/Staff Training:</u></p> <ul style="list-style-type: none"> <li>➤ Engineering staff have received lead awareness training and instruction on appropriate lead abatement.</li> <li>➤ Chief Engineer and Operations Project Manager attended City sponsored training on role of US EPA in combating lead, new HUD regulations, update on SF exterior work practices and enforcement of Title 17.</li> <li>➤ SFPL maintains work order with Health and Safety Office to address staff questions.</li> <li>➤ Relevant lead related issues are addressed at staff Health and Safety Committee meetings.</li> <li>➤ Branch managers receive reminder of distribution obligations at a branch managers meeting on an annual basis.</li> <li>➤ Children's librarians receive reminder of distribution obligations at a children's librarian meeting on an annual basis.</li> </ul>	<ul style="list-style-type: none"> <li>➤ 7 branches and the Main Library are open seven days a week to allow users access to information. These are geographically spread throughout the City. Information through the Library's catalog and databases is available 24 hours a day / 7 days a week via computer.</li> </ul> <p>Completed in 1998.</p> <p>February 20, 2001</p> <p>meets bi-weekly</p> <p>Next scheduled for September 5, 2003</p> <p>Next scheduled for October 17, 2003</p>
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**Recreation and Park Department**  
**Elizabeth Goldstein, General Manager**

**☞** *Achieve lead-safe Recreation and Park facilities and playgrounds, and ensure families using Recreation and Park services will be aware of lead poisoning prevention resources and the need to obtain lead tests for their children up to 72 months of age.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; Date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p><u>I. Proactive Hazard Identification and Control</u>  <u>a) Site Prioritization</u>            A. Incorporate information obtained about Recreation &amp; Park site usage by family day care providers and childcare centers. New priority list will be completed by October 31, 2003. ☞</p>	<ul style="list-style-type: none"> <li>• Childcare Centers and Family day care provider survey results on sites utilized;</li> <li>• New priority list incorporating both survey results</li> </ul>		<ul style="list-style-type: none"> <li>• Surveys to family day care providers completed 9/03 by DPH-CEHP.</li> <li>• Information incorporated into Recreation and Park lead hazard assessment priority list.</li> </ul>
<p><u>b) Facilities Lead Hazard Assessment (Survey) and c) Abatement</u>            Achieve lead-safe Recreation and Park facilities and playgrounds as currently being conducted by the Department. The Department is to be commended for the steady progress made towards this goal with limited funds and competing priorities.</p>	<ul style="list-style-type: none"> <li>• As of November 4, 2003 quarterly report to the Board of Supervisors, Recreation and Parks has completed assessment and abatement at 113 sites since program inception. We completed surveys for 18 out of 32 sites targeted for completion in FY02-03.</li> <li>• We completed an audit of our FLOW program (Flushing Lead Out of Water) implemented in 1999 to keep water fountains and sinks in operation that would</li> </ul>	<ul style="list-style-type: none"> <li>• Of the 18 sites surveyed, five require abatement. Abatement has been completed at three of those sites and is in progress for the remaining two sites. We hope to complete the remaining sites by the end of the calendar year.</li> <li>• A total of 24 sites will be targeted for FY03-04. This includes four sites from previous fiscal year that will be resurveyed for the purpose of assessing the effectiveness of paint stabilization efforts.</li> <li>• Of the 14 sites enrolled in the FLOW program, 9 are</li> </ul>	<p>All site surveys were not completed as initially targeted due to difficulty securing an Environmental Consultant to perform the work. These issues have been resolved and now that the funds have been released by the Controller's Office this program will be able to continue.</p>



	otherwise have to be taken out of service due to elevated lead levels in the water.	compliant with the requirements of the program. We are working with site personnel to ensure the remaining 5 sites become compliant.	
<u>II. Facilities Operations and Maintenance</u> a) Periodic Inspection b) Housekeeping c) Staff Training Outline activities of Operations and Maintenance Plan that support goal of achieving lead-safe facilities and playgrounds.	<ul style="list-style-type: none"> <li>Evaluation of periodic inspection, housekeeping and staff training O&amp;M components.</li> <li>Improvements implemented based on evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Periodic facility inspections for FY03-04 are due on May 15, 2004. Voluntary staff training classes to give them the skills to complete these inspections will again be offered in the Spring 04.</li> <li>Safety Awareness Meetings for Lead Hazard Awareness are required to be completed for Maintenance, Custodial and Recreation staff by May 15, 2004.</li> </ul>	<p>We are not at a point where we can actually monitor effectiveness of our training.</p> <p>Lead training among Maintenance staff was last conducted in February 2000. As of November 2003, maintenance staff reports that they have not performed lead work since that time. Should the need arise, staff will be retrained at that time prior to doing the work.</p>
<u>III. Public Education</u> In lieu of Health Code requirement for Department re. distribution of Information Bulletin, identify sites appropriate for posting posters promoting lead testing for families with children under 72 months, (posters to be provided by DPH-CEHP). Department-sponsored Tiny Tot, Child Development and Latchkey programs will be included in sites identified for placing posters.	<ul style="list-style-type: none"> <li>List of sites noting placement of posters</li> </ul>	List to be provided by January 2004. DPH staff will arrange posting with site contacts.	Not currently doing this. See last quarterly report. We no longer have the staff to do this.
<u>IV. Quarterly Reports on Status of Risk Assessment and Abatement</u> Continue provide Quarterly Report to the Board of Supervisors in response to the requirements of Resolution 157-99.	<ul style="list-style-type: none"> <li>Quarterly progress reports to Board of Supervisors</li> </ul>	As a courtesy, continue to copy DPH-CEHP managers.	

**SF Housing Authority (SFHA)**  
**Gregg Fortner, Executive Director**

*Goal: SF Housing Authority facilities, including all family residences, will be free of lead hazards, and families using SFHA services will be aware of lead poisoning prevention resources and the need to obtain lead tests for their children up to 72 months of age.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
Public Housing Operations: Property Management and Maintenance Operations			
I. Property Managers conduct required notification of residents regarding locations of Lead-Based Paint of representative units within their housing development. Add formal statement encouraging tenants to report poor conditions of identified lead-based paint.  Property Managers on an ongoing basis provide home visiting to educate new residents with children less than six years of age on lead hazards and testing of children.	Documented notification per tenant on EPA-required tenant notification forms at time of lease, and examined at renewal. If this is new resident with children under six, there is also a home visit with documented education conducted.  Document representative audits of Property Manager notification and lead education activities.	Ongoing. SFHA provided copy of the Disclosure Statement used at property offices when leasing and re-certifying residents for SFHA.  Document representative audit of 10% of files at each site.  Periodically evaluate effectiveness of training and performance of Resident Managers.	Disclosure of lead-based paint or lead-based paint hazards is a current procedure, and signed forms are on file at the time of lease and renewal (ie. re-certification).
II. Make all vacant units lead-safe before turning them over to new tenants. At least 10% of randomly chosen vacant units should pass clearance testing for lead hazards performed by a certified risk assessor.	Documentation of clearance testing procedures and results	Ongoing Standard Operating Procedure for Apartment Turnovers is documented in SFHA Central Services Department Guidelines and Procedures Manual for Lead Abatement. SFHA provided copy of that manual to DPH.	These protocols are part of standard operating procedures.
III. Continue annual visual monitoring of LBP conditions in all Family Developments as part of	Annual documentation on record on HUD forms (now being revised). Work orders and their resolution are	Finish revision of new HUD forms to include lead-based paint annual inspection.	

Housing Quality Standard inspections by Central Services Inspectors. Convert negative findings to work order, which is handled by Maintenance crafts.	documented as well.	Random audit of 10% of inspections and associated work orders conducted per site.	
IV. Ensure that routine maintenance operations which may disturb lead-based paint comply with new "LBP in Maintenance Operations" protocol: Craft training Tenant notification Clearance testing	Maintain proof of training and qualifications for each Maintenance staff member. Document tenant notification. Document maintenance procedures including clearance testing to comply with HUD and EPA regulations.	Create audit of effectiveness and compliance with LBP in Maintenance Operations protocol. Conduct audit of representative work done to ensure effective compliance with these new procedures.	
Housing Development And Modernization: Risk Assessments			
I. Conduct risk assessments for lead-based paint (LBP) hazards in all family units every three years. Remediate all LBP hazards found as soon as possible.	New round was started in February 2001. Documentation of findings and disposition exists. Report of status annually to Lead Poisoning Prevention Citizen Advisory Committee (CAC).  Remediation has not been fully budgeted, and often is not conducted.	Continue the updates of risk assessments and documentation system. Continue report to LPP-CAC.  Secure funding for remediation for risk assessment findings. Specifically explore rebates and financing for energy conservation with window replacement.	
II. Respond to tenants concerns about possible lead hazards in their units.	Documented in Complaint Binder. Industrial hygienist arranges for consultants to provide assessment of complaint within a week and with contractors to remediate identified lead hazards within the month.	Ongoing.	

Housing Development And Modernization: Construction Operations			
I. Use “Design Start-up Checklist” sign-off procedure and form to ensure that all LBP hazards are identified and evaluated and that appropriate action is taken to abate lead hazards.	In-house: Checklist format utilized and can be documented.  Contracted: Still needs to be implemented	Audit in-house checklists on representative number of construction projects. Implement checklist signoff procedure for contracted construction operations.  Verify that similar SOP exists for Interior Lead-Based Paint Stabilization.	Central Services Department Guidelines and Procedures Manual for Lead Abatement includes Standard Operating Procedure for Exterior Lead-Based Paint Stabilization.
II. Reinstate in-house lead hazard remediation capability by properly trained and certified in-house construction trades where appropriate to accelerate response time and provide increased flexibility.	Disbanded in 2001.	Document status of in-house certified crews and types of jobs for which they are utilized.	
Create policy with HA Commission and Tenants Associations establishing a proactive Healthy Housing focus for SFHA properties and tenants.	Policy adopted		
Continue your work with the Modernization and Construction Dept. to create a LBP Awareness Program to inform new residents of about the risks of LBP, how and where to get tested, resources in the community to assist them. Offer this seminar to tenant associations to address concerns of existing residents.	Documentation of LBP Awareness Program and seminar availability to Tenants Associations.  Evaluation of impact.		

SF Housing Authority Leased Housing Unit (Section 8)			
I. SFHA, Leased Housing Units to provide information materials provided by HUD to tenants and landlords about the hazards of Lead-based paint	1. Identify the information materials given out to new and participating tenants and landlords during the calendar year. 2. Identify the number of recipients. 3. Identify types of other lead hazard events and activities to inform existing landlords and tenants about lead hazards.		
II. SFHA will assist DPH and DBI to develop procedures for linking to the City's enforcement agencies DPH and DBI in dealing with lead hazard violations and or non-compliance issues involving Section 8 landlords.	Identify contacts and assist with developing procedures for addressing enforcement issues when lead hazards are identified through Risk Assessment Inspections or report that a child in a Section 8 leased unit is determined to be lead poisoned.		

**SF Unified School District (SFUSD)      No agency response received**  
**Arlene Ackerman, Superintendent**

*Goal: SFUSD facilities will be free of lead hazards, and families using SFUSD Child Development Program and Pre-K classes will be aware of lead poisoning prevention resources and the need to obtain lead tests for their children up to 72 months of age.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
I. SFUSD as a whole:			
<u>A. Staffing Issues</u> Define separate environmental health and safety unit within the District. Environmental health staffing will be increased to a sufficient amount to address the environmental health and safety issues of the school district. Such staff will be degree-holder professional staff qualified to work with a broad spectrum of environmental health issues, as well as implementation of the Board's Indoor Air Quality, Lead Safe Facilities and Integrated Pest Management Policies. Implement existing environmental health policies and develop new policies as needed.	Hiring plan for qualified staff with secure funding source; implementation schedule.		
<u>B. Lead policy issues</u> By June 2004, revise 1998 Board of Education-adopted "Lead Safe Facilities and Lead Danger Education Policy" to be measurable and auditable, with input from outside scientific and regulatory	Work plan to implement Revised Lead Policy, with accountability mechanism and implementation schedule.		

advisors and seek Board adoption of revised policy. Implement revised policy by June 2005.			
<u>C. Reporting</u> The SFUSD will provide Annual Status report in person or in writing on Lead Policy implementation to the Board of Education and to the Lead Poisoning Prevention Citizen Advisory Committee. Reports shall include accountability mechanisms (who assigned, due dates) as well as budget needs.	Annual Status Report to document such items as: status of site lead hazard assessment and remediation, number of sites and water fixtures made lead-safe; budget needs; documentation of training for affected staff and parents.		
<u>D. Prevent site-initiated projects from causing lead hazards:</u> Incorporate Operations Department (Facilities Design & Construction and Facilities Management) review into school site-initiated painting and repair and construction projects (such as done by volunteer groups), to avoid the creation of lead and other hazards, as well as ensure that code-compliant maintainable projects are undertaken.	Written mandate to school site administrators by Board and Superintendent.		
<u>E. Funding priorities</u> Proposed bond measures shall promote the environmental health of SFUSD students and staff, and ensure that expenditures are used to that purpose. Renovation work shall incorporate lead-safe work practices and lead-free plumbing fixtures.	Text of bond measure; accountability mechanism for environmental health-related expenditures.		
II. Operations Department (Facilities Management and Facilities Design and Construction) Issues:			

<p><u>A. Review system:</u> For in-house and contracted work by Facilities groups, maintain review system with Environmental Health and evaluate in its effectiveness by June 2004.</p>			
<p><u>B. Lead in water fixtures:</u> If in-house workers cannot replace individual drinking fountain fixtures which are now turned off because of identified lead hazards in a timely manner, then work should be contracted for. Retest for lead levels after installation. Status of lead fixture remediation shall be included in Annual Report indicated above.</p>	<p>Status of lead in water hazard remediation projects.</p>		
<p><u>C. Deferred maintenance:</u> Deferred maintenance funding shall be used to prevent lead hazards from occurring, such as by painting with sufficient frequency and requiring correct lead-safe prepping and painting procedures.</p>			
<p>III. Lead Danger Policy Education Issues for Child Development Program (CDP):</p>			
<p><u>A. Training:</u> Ensure staff training occurs for Child Development Program Centers (CDPCs) staff and parents about potential sources of lead exposure to their children and the need to test their children for lead. Post information about lead on Parent Bulletin Boards in the CDPCs.</p>	<p>Documentation of staff training and parent outreach and posting at all CDC sites.</p>		
<p><u>B. Referrals for lead testing:</u></p>	<p>Annual report of number of</p>		



<p>If children in CDP care are identified as iron-deficient or with excess dental caries, lead ingestion may be a contributing factor. For that reason, if CDP becomes aware of those conditions, those children will be referred to their medical provider for blood lead testing. The CDP will provide an educational handout (provided by DPH-CEHP) to those families as part of the referral.</p>	<p>referrals made for blood lead testing, based on number of handouts provided.</p>		
<p><b>C. Reporting:</b> Annual status should be included in reporting to the Board of Education and the Lead Poisoning Citizen Advisory Committee. Include evaluation from target audiences and a list of barriers to accomplishing all of the educational tasks required of SFUSD Lead Policy.</p>	<p>Annual report from Child Development Program; staff and parent evaluations of training and outreach provided. List of barriers.</p>		

#### **IV. RECOMMENDATIONS TO 7 CITY AGENCIES WITH PROPERTY MANAGEMENT IMPACT**

**Department of Building Inspection (DBI)**

**Frank Y. Chiu, Director**

*Goal: Department of Building Inspection staff and clients will be aware of construction and demolition processes that may cause lead hazards, and be given resources on how to learn and use lead-safe work methods. Department of Building Inspection clients will be aware of Building Code Chapter 3407, and be given resources on how to be in compliance.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved/ Date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p><u>I. Internal Policy</u> DBI will write policy and procedures for dealing with repeated violators of Building Code Chapter 3407, and report on policy design and implementation to the Lead Hazard Reduction CAC.</p>	<p>Internal policy and procedures documentation</p> <p>Reports to Lead Hazard Reduction CAC</p>	<p>A written policy &amp; procedure will be presented to the Lead Hazard Reduction CAC on 1/13/04 (a draft policy &amp; procedure, if the amended draft legislation is not in effect). Sr. Housing Inspector Louise Kimbell (DBI – LAS) will be responsible for the development of the policy &amp; procedure. Deputy Director Jim Hutchinson (DBI – IS) will be responsible for approval of the policy &amp; procedure. Either Inspector Kimbell or Dep. Dir. Hutchinson, Lead Hazard Reduction CAC member, will be responsible for presentation of the policy &amp; procedure to the Lead Hazard Reduction CAC.</p>	<p>DBI – LAS has implemented a violation/enforcement policy &amp; procedure since the effective date of the original legislation, that is, 1/1/98. The first year of enforcement (i.e., Jan. 1998 through Dec. 1998), the DBI pursued an educational outreach/NOV/"Stop Work" Order/Dir. Admin. Hearing enforcement policy &amp; procedure (see SFBC Ch. 1). The second year of enforcement (i.e., Jan. 1999 through Dec. 1999), the DBI implemented the NOP/Referral to CA CSLB/Referral to CEEATF and C.A., in addition to the aforementioned. Finally, the DBI implemented a "repeated violators" policy &amp; procedure in Sept. 2000. The "repeated violators" policy &amp; procedure included: a) Issue NOP with 1<sup>st</sup> NOV, b) Issue "Stop Work" Order, c) Refer contractor's name/license to CA CSLB, d) Require a special inspection by certified risk assessor, e) Refer</p>

			property owner's/contractor's name to the CEEATF, and f) Civil action by C.A. results in misdemeanor \$500/day and/or 6 mos. imprisonment. Typically, includes egregious performance standards violations, not notification requirements.
<p><b>II. Training</b> DBI will provide staff from Building Inspection Division (BID) and Housing Inspection Services (HIS) within DBI with an annual update on lead hazard control regulations, including those enforced by DBI Lead Abatement Section and DPH Environmental Health, to ensure that internal and inter-agency referrals are being made appropriately.</p>	Documentation of staff training; internal referral and inter-agency referral forms.	Copies of DBI – IS field inspectors (i.e., BID, EID, HIS, LAS and PID) training sign-in sheets will be presented to the Lead Hazard Reduction CAC prior to the amended legislation effective date or on 1/13/04, whichever comes first. At that time, DBI internal and inter-agency referral forms will be provided. Either Inspector Kimbell or Dep. Dir. Hutchinson will be responsible for presenting/providing the documents to the Lead Hazard Reduction CAC.	DBI – LAS has provided training, either directly or indirectly through assistance from DPH – CEHPP, since the effective date of the original legislation, that is 1/1/98 (and even before 1/1/98). Each division/section has had at least 3 training sessions on SFBC 3407. Internal and inter-agency referrals have been sent/received by LAS since 1/1/98. LAS has accepted the referrals by telephone, letter, facsimile, walk-in, in the field and internal DBI “Complaint Record” form. LAS uses the telephone and DBI’s “Complaint Record” form for their internal and inter-agency referrals.
<p><b>III. Education and Outreach</b> DBI Lead Abatement Section inspectors will continue to do proactive education and outreach on Building Code 3407 when working in the field.</p>	Documentation of proactive education and outreach protocol.	DBI – LAS field inspectors will continue to randomly stop at work sites that are setting up to do paint disturbing work (e.g., paint preparation, stucco repair, demolition) and explain the requirements of SFBC 3407 (a proactive educational outreach inspection). The inspectors will continue to track/report the statistics on their educational	DBI – LAS field inspectors have performed educational outreach inspections since the effective date of the original legislation. If the amended draft legislation (to include interior of E3, R1 and R3 occupancies) becomes effective, LAS will ask the other DBI – IS field inspectors to assist in the educational outreach by providing informational packages, etc., to

		<p>outreach inspections and it will be reflected in the LAS's "Weekly Report", monthly report to the Lead Hazard Reduction CAC, and "Quarterly Report" and Annual Report".</p>	<p>property owners/contractors. In addition, LAS field inspectors will continue to stop at work sites that are setting up to do paint disturbing work, whether exterior or interior work.</p>
<p>IV. <u>Amendment to Chapter 3407 to include safe work practices in pre-1979 building interiors</u> Continue support for amending Chapter 3407 as drafted by Lead Hazard Reduction Citizens Advisory Committee.</p>	<p>Passage of amendment through Building Inspection Commission for hearing by the Board of Supervisors</p>	<p>DBI has a voting member on the Lead Hazard Reduction CAC, as well as, a "working employee". Both individuals have actively participated (and regularly attended) since before the effective date of the original legislation (the voting member since the inception of the CAC). DBI intends to continue with the above support to the Lead Hazard Reduction CAC indefinitely.</p>	<p>No comments.</p>

**Department of Public Works (DPW)**

**Edwin Lee, Director**

*Goal: DPW-managed projects for work at publicly accessible facilities will follow procedures that do not create lead hazards. DPW staff and contractors will use lead-safe work practices to avoid generating lead hazards.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; Date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p><u>I. Annual Training</u> Continue annual training on lead-safe work practices that meets Cal/OSHA lead awareness criteria for workers and supervisors. Continue lead medical surveillance of affected employees.</p> <p>Continue decision consulting and employee protection air sampling provided by DPW Environmental Health and Safety unit.</p>	<p>Documentation of Cal/OSHA training and medical surveillance.</p> <p>Documentation of air sampling.</p>	<p>Complete.</p> <p>Complete.</p>	<p>DPW has continued an aggressive program of training painters and employees from 11 other trades on lead safe work practices. These employees are included in annual medical surveillance. Jobs that disturb lead based paint are evaluated using a decision tree and employee exposures are evaluated using personal air monitoring.</p>
<p>I. <u>II. Lead-Safe Work Practices and Policy for Bureau of Building Repair (BBR)</u> Continue sampling of surfaces (not just painted surfaces) to be disturbed to determine lead content. Lead content will determine appropriate work practices and waste disposal practices. If not sampled, surfaces will be assumed to be lead (i.e. greater than or equal to 5000 parts per million lead).</p>	<p>Documentation of lead testing, lead-safe work practices and hazardous waste disposal protocol.</p>	<p>Complete.</p>	<p>DPW-BBR has sampled materials suspected to contain lead prior to conducting work that could disturb the material. Surfaces that are not sampled are assumed to contain lead.</p>
<p><u>III. Contracted Construction Oversight</u> DPW Site Assessment and</p>	<p>Documentation of protocol.</p>	<p>Complete.</p>	<p>DPW-SAR has worked closely with City Departments to assure that contracted work follows lead</p>

<p>Remediation (SAR) unit will continue to be involved in the planning phase of contracted construction projects, via staff review per contract. SAR staff may modify contract specifications to include provisions for lead abatement and hazard control, including clearance sampling and compliance with federal, state and local codes.</p>			<p>safe work practices through contract specifications and direct oversight of abatement work.</p>
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**Mayor's Office of Community Development (MOCD)**  
**Roger Sanders, Director**

*Goal: Mayor's Office of Community Development will ensure that all Federal funds for the rehabilitation of childcare centers are used in a lead-safe manner whenever painting, renovation or demolition are funded.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion; If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p><u>I. Childcare CDBG funding</u></p> <p>The MOCD will continue to fund child care centers with CDBG funding to enable them to eliminate lead hazards. Where needed, MOCD will continue to provide lead hazard assessment and remediation technical assistance and contractors to childcare centers. MOCD will report annually to the Lead Poisoning Prevention Citizen Advisory Committee on the number of centers made lead-safe with the funds, achievements to date and status of the program.</p>	<p>Number of childcare facilities tested for lead in paint, water and soil, and remediation that resulted.</p> <p>Lead hazard testing of childcare facilities funded by MOCD will continue on an ongoing basis. If an eligible childcare centers needs funds for lead hazard mitigation, MOCD will support funding for that purpose. For the fiscal year 2002-2003 no lead hazards were found in child care facilities funded for capital improvements by MOCD.</p>	<p>The Mayor's Office of Community Development awards Community Development Block Grants on a competitive basis. All projects involving capital improvements must comply with the work practices set forth in Chapter 34 of the San Francisco Building Code, section 3407.1. Additionally, all capital projects are reviewed under standards set by the National Environmental Policy Act and by the Secretary of Housing and Urban Development. When lead paint hazards are identified through the environmental review process, their mitigation is required under both NEPA and HUD regulations.</p>



<p><u>II. Contract oversight</u>  MOCD will train its CDBG grantees to comply with all applicable Federal, State and local lead-related regulations, and write such requirement into all contracts with grantees. Particular emphasis is placed on SF Building Code Chapter 3407. MOCD must ensure that all CDBG grantees are complying with Building Code 3407, including the following:</p> <ul style="list-style-type: none"> <li>* Educating its staff and grantees about compliance with the regulations.</li> <li>* Monitoring grantees</li> <li>* Reporting violations to appropriate enforcement agencies.</li> <li>* Withholding funds from client agencies until they are in compliance, particularly if clean-up and clearance testing has been ordered by DBI.</li> </ul>	<p>MOCD conducts three training per year regarding the standards for capital projects. Grantees are required to attend two of these trainings. The trainings include instructions on lead hazard reduction. Furthermore, grantees are advised in Section 1.6 of MOCD's Bidding and Contracting Manual of their responsibility to comply with laws and regulations regarding lead hazard reduction. The laws applicable to CDBG capital projects regarding lead hazard reduction are Chapter 36 of the San Francisco Building Code, section 3407; California Code of Regulations Title 17 and 24 Code of Federal Regulations section 570.608.</p>	
<p><u>III. Childcare HUD Section 108 funding</u>  The MOCD will develop a work plan with objectives that reflect the use of HUD Section 108, Child Care Center Development Loans, to enable centers not-qualifying for CDBG to participate in the Lead Hazard Reduction Program. MOCD will report how many child care centers participated and the cost.</p>	<p>Any childcare centers requiring mitigation are eligible under the regular CDBG program. The Section 108 Child Care Development Center was not designed to address lead hazard reduction. The Section 108 CCDL was designed to create new childcare centers in response to the needs of TANF recipients moving into the labor market. The Section 108 program is currently being replaced by another funding program.</p>	

**Mayor's Office of Housing (MOH)**

**Daryl Higashi, Director**

*Goal: Mayor's Office of Housing will ensure that all Federal funds for the rehabilitation of housing are used in a lead-safe manner whenever painting, renovation or demolition are funded. MOH will also effectively identify and remediate lead hazards in child care and foster care homes using HUD Lead Hazard Remediation grant. As indicated in Health Code Article 26, Section 1634, MOH will provide incentive programs to increase lead-safe housing stock in San Francisco by 2%.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p>1. MOH will create a formal mechanism to inform and ensure that all rehab projects, including painting, renovation and demolition, financed through MOH follow established lead-related regulations, including those of Cal/OSHA, SF Building Code 3407, and Federal Regulations based on 1012/1013.</p>	<p>Documentation of mechanism established to ensure that all MOH-financed rehabilitation projects comply with established lead related regulations</p>	<p>The mandates and recommended objectives does not focus on lead contaminated soil, which is nearly ubiquitous in San Francisco. This is an issue that applies both to new construction and rehabs and it applies to all projects, regardless of funding source [or age of the structure]. MOH aggressively outreach to sponsors trying to help them understand their obligations under Federal and stricter State standards. MOH is having some success educating sponsors, and to some extent industrial hygienists, regarding the proper soil tests (Total Lead and Soluble Lead) that need to be performed prior to the start of construction. However, the level of understanding of these issues is still rather low, and therefore, MOH regularly sees large change orders during construction to cover the cost of offhauling contaminated dirt.</p>	<p>RE: Cal/OSHA. Applies to all construction projects in the State, regardless of funding source. It is for the protection of workers. A small part of the Cal/OSHA deals with lead. At this time, there is nothing we formally do to insure that Contractors comply with Cal/OSHA. When an obvious Cal/OSHA violation is present, we bring it to the attention of the General Contractor.</p> <p>SFBC currently requires lead safe work practices (basically compliance with the HUD Guidelines) for exterior painting regardless of funding source. A permit from DBI and notification to tenants and neighbors is required. All MOH funded work must be performed pursuant to and in conformance with necessary permits. During the CM monthly inspections apparent violations are pointed out to the General</p>

		<p>The list of regulation mandates does not identify the Bay Area Air Quality Management District (BAAQMD) standards of “no visible emissions” which MOH also helps to enforce through pre-construction education of sponsors and General Contractors, as well visual inspections during regular monthly job site visits. This issue is not triggered by funding source and applies to both new construction and rehabs.</p> <p>In relation to the Single Family Rehabilitation Programs, much of the initial oversight is performed by the nonprofit housing development corporations. MOH feels it is important that the nonprofit construction manager staff obtain more DPH training so that they are better informed of the methods and practices.</p>	<p>Contractor and the project Sponsor such as visible chips or lack of netting.</p> <p>HUD/EPA is the most extensive regulations, and the HUD Guidelines apply based on the presence of HUD funding. Although a significant percentage of the rehabs involve SROs or senior housing, which typically are exempt from the Guidelines, MOH typically elect to apply the Guidelines to those buildings as well because experience has shown that kids live in or regularly visit those types of buildings also. The CM-Notice to Proceed Checklist includes “Dust Control Plan” as a requirement for rehabs prior to starting construction work. In addition, MOH files include “Hazardous Materials” that are used for inspections, Risk Assessments, etc. In addition, the Guidelines require lead safe work plans and clearance before occupancy. We require conformance with these requirements.</p> <p>Whenever MOH uses federal funds to implement the rehabilitation programs it assumes lead is present for pre-1978 properties and requires compliance with lead-safe work practices as per Federal Regulations</p>
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			<p>under Sections 1012/1013. The standard practice when funding privately owned projects is to furnish the EPA pamphlet to the homeowner that informs them of the hazards of lead and general remediation practices. The homeowner must sign an acknowledgement indicating receipt of the pamphlet. The contractor is informed by the managing Housing Development Corporation (HDC) of the SF Lead Ordinance that directs them to use lead safe work practices. The General Contractor must also sign an acknowledgement that he/she has been made aware of the City's Ordinance, its requirements and the HUD Guidelines. Monitoring of the contractors work practices falls under the responsibilities MOH contracts to the nonprofit HDCs. At the conclusion of the project, a Notice of Completion is recorded and lead clearance samples are taken to insure no lead residue has been left behind. Record of the laboratory report becomes part of the individual property file.</p>
<p>2. MOH will use HUD's Lead Hazard Remediation grant funds to ensure that home-based child care, foster care and Section 8 homes rented to families are free of lead hazards. MOH will develop a work plan stating its marketing methods,</p>	<p>Documentation of marketing methods  Work plan  Number of remediated licensed and non-licensed child care</p>		<p>The Grant for this actions listed expired August 30, 2003.</p> <p>MOH was able to remediate and perform lead-based paint hazard clearances on approximately 242 units that included child care, foster</p>

<p>goals in terms of numbers of child care homes remediated for lead, per unit anticipated cost and a timeline. MOH will also create a progress report showing number of homes remediated for lead and costs on a quarterly basis. Quarterly progress reports will be provided to the Lead Poisoning Prevention Citizens Advisory Committee.</p>	<p>providers and foster care homes</p> <p>Quarterly progress reports</p>		<p>care, Section 8 rental and low income owner occupied pre-1978 units in the City and County of San Francisco.</p> <p>MOH has cooperated with the LPPCAC by providing reports to the Committee. It will continue to cooperate in this capacity when applicable.</p>
<p>3. To seek to establish the types of incentives available in Alameda County, the Mayor’s Office of Housing should host a “think-tank” session on how to create incentive programs and support contractors to gain access to capital equipment loans to buy lead-safe equipment, obtain lead hazard liability insurance and receive lead certificate training. (See mandate of Health Code Section 1634 to develop proposed programs for grants, loan guarantees and no- or low-interest loans for owners of property contaminated with lead.)</p> <p>In addition, the Mayor’s Office should have a Contractor Incentive Program to attract and retain remediation contractors who are able and qualified to perform the lead hazard reduction required by the Lead Hazard Reduction Program.</p>	<p>Description of Property Owner incentive program; evidence of marketing and response</p> <p>Description of Contractor incentive program; evidence of marketing and response</p>		<p>MOH organization is not structurally compatible to the Alameda County Program or staffing, which houses its health and housing program together. Because of the limited MOH staff, it collaborates with the City’s Department of Public Health, San Francisco Housing Authority, and other City agencies for in-kind services to implement various program goals or contracts with nonprofit community-based organizations. It will continue to collaborate with these agencies to insure it meets goals of federal, state and or local grants/ appropriations it is awarded. MOH is a public finance, production-oriented organization with very specific goals that must be met within specific timetables. MOH believes coordination for addressing the overall health issues are best lead by a health oriented agency such as DPH.</p>

			<p>Under the Lead Hazard Reduction Program Round VI grant, MOH obtained approval to add a contractor incentive budget item (\$24,000) to its program. The CIP offered to assist existing certified contractors to increase their capacity or contractors seeking to be certified reimbursement of 50% of the fees to both attend classes and take the exam –approximately \$1,000/per individual. CIP was part of the Lead contractor marketing and recruitment plan. Only one contractor used the grant funds made available. The program was terminated with the expiration of the grant. MOH was nonetheless able to attract licensed and certified contractors that enabled us to meet the Lead Program goals.</p>
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**SF Public Utilities Commission (SFPUC)**

**Patricia Martel, General Manager**

***Goal: The San Francisco Public Utilities Commission (SFPUC), through its City Distribution Division (CDD), Water Department Quality Bureau (WQB), Customer Services Bureau (CSB), and Health and Safety Program, will ensure that drinking water provided to San Francisco (City) residents is free of defined lead hazards, and will promote low-lead faucets to residential customers and childcare sites.***

Mandate and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p>I. Low-lead Faucets Program                      A. The SFPUC will continue its commendable and successful “Lead-Free Faucets for \$10” program, and report annually to the Lead Poisoning Prevention Citizen Advisory Committee on the achievement to date and status of the free faucet distribution program and testing of water for lead.</p>	<p>In October 2000, the WQB in conjunction with the CSB of the SFPUC initiated a Lead-Free Faucet Give-Away Pilot Program targeting the most sensitive population – children under 5 years old. A total of 440 day-care centers in the City were contacted, and about 210 lead-free faucets were distributed to these centers. Due to various reasons, the other centers declined the free faucet offer.</p> <p>During the period between July 1, 2001 and December 31, 2002, the WQB has distributed approximately 1,500 unleaded faucets to property owners in the City.</p>	<p>SFPUC planned to have three lead-free faucet sale events in year 2003. The first two events were completed on April 5, 2003 and May 3, 2003, respectively. A total of 327 faucets were distributed in these two first-come, first-serve events. The third event will be conducted on May 26, 2003.</p> <p>With the help of the Customer Service Section, up to 4,000 door-hangers were put up in the neighborhood of each sale location. The WQB also promoted these events through its Consumer Confidence Report.</p>	<p>Lead-Free Faucet Distribution Program.</p> <p>The SFPUC has a long history of taking proactive measures, above and beyond regulatory requirements, to reduce consumer exposure to lead in drinking water. Although the water in the City’ mains has no detectable lead, tap water does contain lead due to the corrosion of lead from brass/bronze plumbing fittings, lead plumbing compounds, water meters, household pipe leaded solder, and household faucets. In January 1999, the SFPUC adopted Resolution 99-0017 directing the staff to initiate a pilot program to provide unleaded faucets to childcare centers in the City.</p>
<p>B. SFPUC will continue to provide lead-free faucets to WIC-enrolled City low-income families in the City through local non-profit or neighborhood groups.</p>	<p>About two years ago, CSB and WQB staff visited the WIC clinics in the City, and put in place the brochures about the SFPUC's lead-free faucet distribution program.</p>	<p>As of today, five faucets went to WIC recipients who do not live in non-profit housing.</p> <p>CSB staff has recently suggested WQB contacting the SF Housing</p>	<p>Because the objective of the SFPUC faucet distribution program is to reduce lead in tap water, it is important that a faucet recipient will replace the old faucet with the lead-free faucet. Thus, the purchase</p>

	<p>Due to the low response from the WIC program participants (see Item 2 below), CSB and WQB shifted the target recipients to low-income housing families. We contacted local neighborhood organizations/ non-profit groups and offered lead-free faucets to them so that they could help low-income families to install the faucets. Between 10/2002 and 2/2003, SPPUC staff met with three non-profit housing agencies, and only Asian Inc. showed interest and committed to installing approximately 150 faucets for the low-income units when they are available.</p>	<p>Authority to get a plumber to help install the faucets for the low-income families. WQB believes that it is more effective to continuously work with non-profit groups to distribute the lead-free faucets to low-income families in the City.</p>	<p>agreement between SFPUC and the faucet recipient requires that the latter must be either the owner of the property or a party identified on the water bill.</p> <p>The low response of WIC participants to this program may be attributed to the following reasons:</p> <p>Most WIC program participants are renters and do not own the properties in which they are living; WIC program participants may live in a condition that is not consistent with their rental agreements and they don't want their landlords know; Many rental agreements prohibit the renters from changing fixtures like the kitchen faucet; or Even if the WIC program participants are not prohibited from changing the fixture, it may be too costly for them to hire a plumber to change the kitchen faucet.</p>
<p>II. Lead in Water Testing. The SFPUC Water Department will continue to offer free lead-in-water tests to WIC-enrolled residents, through a voucher form distributed at the WIC clinics. The SFPUC Water Department will report annually to the Lead Poisoning Prevention Citizen Advisory Committee on the achievement to date and status of the water test project with WIC, including how long this project will</p>	<p>In late 2000, SFPUC initiated a pilot program working with the SF General Hospital WIC clinic to distribute approximately 300 packets of program information each consisted of a brochure explaining the test program, a voucher that needed a WIC staff member's authorization signature, an information sheet, and a stamped return envelope.</p>	<p>WQB continues the testing program for WIC participants. Blank sampling bottles are given to the WIC clinics in the City for WIC participants to pick up for sample collection.</p> <p>As of today, the SF General Hospital and St. Luke's Hospital WIC Clinics have received a total of five such requests. It appears that many WIC</p>	<p>Lead-in-Water Test Program The initial program under the directive of the Board of Supervisors to offer 5,000 free lead-in-water tests to the WIC program participants was completed in April 1999.</p> <p>Under the current program, WIC staff can offer a free lead-in-water test to a WIC participant if s/he is concerned about the safety of using</p>



<p>continue.</p>	<p>Throughout the pilot program, which was completed in November 2000, WQB staff received a total of 128 vouchers requesting the lead-in-water test. Of those 128 participants that received a sample bottle delivered by the WQB Field Service crew to their home, 67 people completed the process by leaving the required samples outside for the Field Service crew to pick up for analysis.</p> <p>The result of the pilot program indicates that it is very labor intensive for the WQB staff to coordinate bottle drop-offs and sample pick-ups at the WIC participants' home.</p>	<p>program participants do not want to go to the clinics twice just for the purpose of picking up the sampling bottles and dropping off the samples.</p> <p>WQB will continue to work with DPH to offer the free lead-in-water test to WIC participants. However, since it is a voluntary program for the WIC participants, and with the City's current budget conditions and the labor-intensive requirements in sampling collection and pickup, WQB does not anticipate the volume of test request will significantly increase.</p>	<p>the tap water for drinking and cooking. Upon receipt of the sample from the WIC participant, the WIC clinic will notify the WQB for sample pickup and analysis.</p> <p>The 5 WIC clinics that received 8 to 10 blank sampling bottles in January 2002 are:</p> <p>San Francisco General Hospital Silver Avenue Family Health Center China Town Public Health Center Ocean Park health Center St. Luke's Hospital</p>
<p>III. Lead Hazard Awareness Training SFPUC's Health and Safety Program will continue to provide lead hazard awareness training to its employees who may come in contact with lead. SFPUC's Health and Safety Program will continue to assess its lead work practices to verify compliance with federal, state and local lead-related regulations and report the assessment results.</p>	<p>To be provided by SFPUC's Health and Safety Program</p>	<p>To be provided by SFPUC's Health and Safety Program</p>	
<p>IV. Other SFPUC's Lead Reduction Efforts (a) Lead Meter Replacement Program</p>	<p>Upon the SFPUC Resolution 00-0279, CDD initiated a 20-year program with a target of replacing approximately 8,000 small-size leaded water meters with unleaded devices per year.</p>	<p>The 20-year lead water meter replacement program is ongoing.</p> <p>CDD's effort of replacing the last two leaded compound meters is temporarily on hold, pending result</p>	<p>Leaded Meter Replacement Program During the 1980s, the CDD of SFPUC removed all known (total 6,474) lead service connections and discontinued the use of most leaded water main joints. In 1999, the CDD</p>

	<p>In addition to the small-size leaded water meters, CDD has also replaced all except two leaded compound meters throughout the City in the last 3 years. These two leaded compound meters are located in the skyscraper at 555 California Street.</p>	<p>of City Attorney's consultation with the property management company for the skyscraper</p>	<p>installed 50 unleaded water meters for test purposes. On December 12, 2000, the SFPUC adopted Resolution 00-0279 approving a Leaded Water Meter Replacement Program.</p>
<p>(b) Improved Corrosion Control Treatment</p>	<p>During the 1990's, the WQB conducted several studies to determine the optimal corrosion control treatment.</p>	<p>Presently the SFPUC is constructing a new pH adjustment facility as part of the chloramination project at a downstream location of the Sunol Valley Water Treatment Plant. Upon completion, caustic soda will be added to increase the pH value of the treated water, which has a lower tendency to induce lead leakage from service water pipes at the end-user properties. This will help reduce the lead level in tap water eventually.</p>	

**Department of Administrative Services                      No agency response received**  
**City Administrator, William Lee**

***Goal: Real Estate-managed contracts will address lead hazard assessment, lead-safe work practices and lead hazard control in leasing or purchasing new properties, in keeping with stated in-house policy guidelines and all Federal, State and local legislation.***

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p><b><u>I. Guidelines</u></b>                      The Real Estate Department RED) will implement the “<i>Lead Hazard Reduction Guidelines</i>” as its policy for performing lead-related work:                      *Contract specifications address lead-safe work practices                      *Personnel trained in lead awareness                      * Identifying lead prior to maintenance or renovation                      *Notification requirements                      *Federal, state and local legislation.                      The Real Estate Department will conduct assessment to evaluate implementation of <i>Lead Reduction Guidelines</i> and report results annually.</p>	<p>Number of sites involved and manner of applying the <i>Lead Hazard Reduction Guidelines</i></p> <p>Number of employees trained to implement the <i>Guidelines</i></p> <p>Annual assessment of implementation</p>		
<p><b><u>II. Training</u></b>                      The Real Estate Department will continue to provide lead awareness training to their Property Offices responsible for managing City buildings and report on training accomplished annually.</p>	<p>Documentation of training content and attendees.</p>		

**SF Redevelopment Agency      No agency response received**  
**Marcia Rosen, Director**

*Goal: SF Redevelopment Agency-managed projects and contracts will address lead hazard assessment, lead-safe work practices and lead hazard control in leasing or purchasing new properties, in keeping with stated in-house policy guidelines and all Federal, State and local legislation.*

Mandates and Health Director's Recommended Objectives:	Measures that indicate objective has been achieved; date of completion:	If incomplete, work plan with due dates and responsible parties:	Comments by Agency:
<p>I. <u>Lead Policy</u>                      The Redevelopment Agency will publish and disseminate its agency's lead policy within the organization, to include contractor and agency compliance with all lead regulations, including SF Building Code 3407.</p>	<p>Number of people who received copy of Policy;                      Contractors and staff trained and complying;</p>		
<p>II. <u>Training</u>                      The Redevelopment Agency will schedule DPH Children's Environmental Health Promotion staff for site presentations and request technical assistance as needed by DPH Children's Environmental Health Promotion.</p>	<p>Documentation of training presentations</p>		

END OF REPORT

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<http://www.dph.sf.ca.us/cehp/default.htm>