

# Healthy Homes and Lead Poisoning Surveillance System (HHL PSS)

## Job Aid 3.8: Case Exposure Sources

Use the **Case Exposure** menu to enter details about the possible lead exposure sources.

**Step 1:** Using the **Clinical** tab under the **Find Patient** menu item, find the patient record (see [Job Aid 3.1: Find a Patient and Patient Information, P-02299-3.1](#)). Verify you have the correct patient by reviewing the patient information at the top of the screen (highlighted in yellow).

The screenshot shows the HHL PSS interface. At the top, a yellow box contains patient information: (OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C. Below this is a navigation bar with tabs for Home, Clinical, Environmental, and Reports. The 'Clinical' tab is selected. On the left is a vertical menu with 'Find Patient' highlighted in red. Below the menu is a table with columns: Name, HHL PSS ID, Date of Birth, Local ID, Address, Case Status, and Jurisdiction. The table contains two rows of patient data.

Name	HHL PSS ID	Date of Birth	Local ID	Address	Case Status	Jurisdiction
Jack O Lantern	2018878	10/31/2017		1403 PRAIRIE ROSE Dr Su...	Open	Department of Pub...
Jill O Lantern	2018924	1/1/2016		1403 Prairie Rose Dr Sun...	Open	Department of Pub...

**Step 2:** Click on **Case Exposure** in the left side menu. This expands to show a submenu of pages for collecting information about the child's possible exposure sources (circled in red).

The screenshot shows the HHL PSS interface with the 'Case Exposure' submenu expanded. The submenu items are: Case Exposure, Mobility & Behavior, Take-Home, Hobbies, Home Remedies, Pottery and Utensils, Cosmetics, Food/Drink Items, Other Sources, Associated Persons, Other Blood Tests, Other Medical, Chelation, Notes, and Patient Attachments. The 'Case Exposure' item is circled in red. The main content area contains several questions and input fields for case exposure details, including dropdown menus for 'Has Case lived outside of the US in the last year?' and 'Has case traveled outside of the US in the last year?'. There are also checkboxes for 'None', 'Daycare/baby-sitter', 'Preschool', 'School', and 'Relative/friend/neighbor'. At the bottom, there are buttons for Help, Save, Revert, Print Screen, and Log Out.

**Note:** These pages can only be edited if the case status is "Open" (see [HHL PSS Job Aid 3.6: Case Initiation, P-02299-3.6](#)).

### Case Exposure Sources: Mobility & Behavior

This page relates to where the child spends a lot of time and behaviors the child has exhibited that may have exposed the child to lead hazards, including if:

- The child has lived or traveled outside the United States recently.
- The child spends a lot of time at locations other than his or her primary home.
- The child eats paint or soil or other non-food items that could cause exposure to lead.

**Step 1:** Click on **Mobility & Behavior** on the left side menu to display the **Mobility & Behavior** page. Answering “Yes” to **Has Case lived outside of the US in the last year?**, or to **Has Case traveled outside of the US in the last year?**, will allow you to enter details in the fields under these questions.

**Step 2:** Enter data in the other fields on the page. To respond to **Places case spends a lot of time, other than home**, with any options other than **None**, which is checked by default, you must first *deselect* the **None** box before selecting any of the other options.

**Step 3:** Once you have added all relevant information, click the **Save** button on the bottom left side to save the information on this page before moving on.

**HHL PSS**  
Healthy Homes and Lead Poisoning Surveillance System

(OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C

Home Clinical Environmental Reports

Find Patient  
Clinical Letters  
Patient Info  
Patient Address  
Blood Lead Tests  
Case Details  
▶ Case Exposure  
▶ **Mobility & Behavior**  
Take-Home  
Hobbies  
Home Remedies  
Pottery and Utensils  
Cosmetics  
Food/Drink Items  
Other Sources  
Associated Persons  
Other Blood Tests  
Other Medical  
Chelation  
Notes  
Patient Attachments

Has Case lived outside of the US in the last year? No

If Yes, where? \_\_\_\_\_ Date last moved to the US: Month \_\_\_\_\_ Year \_\_\_\_\_

Has case traveled outside of the US in the last year? Yes

If Yes, where? Mexico From 04/08/2018 To 04/22/2018

Note potential lead-related findings from the home tour (including inside of home, porch, garage)

Places case spends a lot of time, other than home.

None  Daycare/baby-sitter  Preschool  School  Relative/friend/neighbor

Other - Specify: \_\_\_\_\_

Has case been seen eating any paint chips? No

Has case been seen frequently eating soil? Yes

Has case been seen eating other non-food items? No

Specify \_\_\_\_\_

Help Save Revert Print Screen Log Out

### Case Exposure Sources: Take-Home Lead

Use the **Take-Home** page to enter details related to possible occupational-related exposures caused by family members bringing lead dust home on their clothes or other items.

- Step 1:** Click **Take-Home** on the left side menu to open the **Take-Home** page. Answer “Yes” to the **Do any adults in the household work with lead?** question if take-home lead is suspected.
- Step 2:** Select a household member relationship from the drop-down menu. Enter other details relating to the household member’s occupation in the following fields.
- Step 3:** Contact the state Adult Lead Program at [dhsocchealth@wi.gov](mailto:dhsocchealth@wi.gov) or 608-266-1120 if take-home exposure from a lead-related occupation is suspected. Provide the name and occupation of the adult in your communication.
- Step 4:** Enter the date you notified the Adult Lead Program in the **If yes, date State Occupational Lead Poisoning Prevention Program notified** box. This is a required field before you can save this page.
- Step 5:** Click the **Save** button in the bottom left side menu to save the record.
- Step 6:** To create an additional take-home exposure source, click on the **New** button in the bottom left corner.

**HHLPSS**  
Healthy Homes and Lead  
Poisoning Surveillance System

(OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C

Home Clinical Environmental Reports

Select Address: 1403 Prairie Rose Drive Apt Suite 2, Sun Prairie, WI 53590-4315

Do any adults in the household work with lead? Yes \*

If yes, date State Occupational Lead Poisoning Prevention Program notified: 12/18/2018

#	Who	Occupation	Source Of Exposure	Delete
---	-----	------------	--------------------	--------

Who in the Household works in the lead industry? Grandfather Paternal

Describe Occupation: battery manufacture \*

What is the source of lead exposure? battery

How long doing this kind of work? Yrs. 33 Mos.

Is Clothing Changed before leaving work? No

Is shower taken before leaving work? No

Was a Routine blood lead test performed? Unknown

New  
Help  
Save  
Revert  
Print Screen  
Log Out

**Case Exposure Sources: Hobbies**

Use the **Hobbies** exposure page to enter details related to possible exposure from hobby activities.

- Step 1:** Click on **Hobbies** on the left side menu to open the **Hobbies** page. Answer **Yes** to the **Does anyone at the address have a hobby that involves lead?** question if a hobby is a suspected source of lead exposure.
- Step 2:** At a minimum you must answer both the **Who in the household has a hobby involving lead?** and **What does the hobby involve?** questions. These are required.
- Step 3:** Enter data in the other fields, if known.
- Step 4:** Click the **Save** button in the bottom left side menu to save the record.
- Step 5:** Contact the Adult Lead Program at [dhsocchealth@wi.gov](mailto:dhsocchealth@wi.gov) or 608-266-1120. In your communication provide the name of the adult and the type of hobby that may be causing the lead exposure.
- Step 6:** To add another hobby exposure source, click on the **New** button in the bottom left corner.

**HHL PSS**  
Healthy Homes and Lead Poisoning Surveillance System

(OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C

Home Clinical Environmental Reports

Select Address: 1403 Prairie Rose Drive Apt Suite 2, Sun Prairie, WI 53590-4315

Does anyone at this address have a hobby that involves lead? Yes \*

#	Who	Hobby	Done Where?	Delete
1	Father	Fish Sinkers	wherever they go fishing	Delete

Who in the Household has a hobby involving lead?  
Father

What does the hobby involve?  
Fish Sinkers

How long have these activities been done?  
Yrs. 33 Mos. 0

If other, specify:

Where is the hobby engaged in?  
wherever they go fishing

For Hobbies done outside the home:

Is Clothing Changed before entering home? No

Is shower taken before entering home? No

New Help Save Revert Print Screen Log Out

### Case Exposure Sources: Home Remedies

Use the **Home Remedies** exposure page to enter details about possible exposure from home remedies used by the patient’s family.

- Step 1:** Click on **Home Remedies** on the left side menu to open the **Home Remedies** page. Answer “Yes” to the **Does your family use Home Remedies?** question if a home remedy is suspected.
- Step 2:** Select the home remedy from the **Home Remedy** drop-down menu, or if not listed, select “Other Home Remedy” and enter the name of the home remedy in the **Other** text box. Indicate in the **Sample Collected** field whether you collected a sample.
- Step 3:** Enter all known information in the other fields as appropriate.
- Step 4:** In the **List other household members given remedy** box, click the **Select** button and choose the person from the list of household members. If the person you want is not listed, add a new household member (See [HHL PSS Job Aid 3.9: Associated Persons and Household Members, P-02299-3.9](#)).
- Step 5:** Click the **Save** button in the bottom left side menu to save the record.
- Step 6:** If adults in the household also took the home remedy, contact the Adult Lead Program at [dhsocchealth@wi.gov](mailto:dhsocchealth@wi.gov) or 608-266-1120. In your communication, provide the type of home remedy taken, the name of adult who took the home remedy and whether the adult is pregnant.
- Step 7:** To add another home remedy, click on the **New** button in the bottom left corner.

**HHL PSS**  
Healthy Homes and Lead  
Poisoning Surveillance System

(OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C

Home Clinical Environmental Reports

Find Patient  
Clinical Letters  
Patient Info  
Patient Address  
Blood Lead Tests  
Case Details  
▶ Case Exposure  
Mobility & Behavior  
Take-Home  
Hobbies  
▶ **Home Remedies**  
Pottery and Utensils  
Cosmetics  
Food/Drink Items  
Other Sources  
Associated Persons  
Other Blood Tests  
Other Medical  
Chelation  
Notes  
Patient Attachments

Does your family use Home Remedies?  
Yes ▼ \*

#	Home Remedy	Last Used	Delete
	Other Home Remedy		

Home Remedy: Other Home Remedy  
Other: Turmeric spice  
Sample Collected? Yes ▼

Was remedy given to case: ▼  
Date last given to Case?

List other household members given remedy:  
Name Pregnant

How many times in last year?  Total amount/day  How much was given to case?  Duration  How Often

For what purpose was the remedy given?

New  
Help  
**Save**  
Revert  
Print Screen  
Log Out

### Case Exposure Sources: Pottery and Utensils

Use the **Pottery and Utensils** page to enter details related to possible exposure from pottery and utensils used by the family.

**Step 1:** Click on **Pottery and Utensils** on the left side menu to open the **Pottery and Utensils** page. To activate all other fields related to exposure to pottery and utensil exposures, answer “Yes” to the **Do you have any imported or handmade ceramics in the household?** question.

**Step 2:** Enter information in the other fields as appropriate.

**Step 3:** Click the **Save** button in the bottom left side menu to save the record.

**Step 4:** If there is a possibility of adult exposure from pottery or a utensil, contact the Adult Lead Program at [dhsocchealth@wi.gov](mailto:dhsocchealth@wi.gov) or 608-266-1120. In your communication, provide the name of the adult(s) and the type of pottery or utensil that may be causing a lead exposure.

**Step 5:** To add another pottery or utensil, click on the **New** button in the bottom left corner.

**HHL PSS**  
Healthy Homes and Lead Poisoning Surveillance System

(OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C

Home Clinical Environmental Reports

Find Patient  
Clinical Letters  
Patient Info  
Patient Address  
Blood Lead Tests  
Case Details  
▶ Case Exposure  
Mobility & Behavior  
Take-Home  
Hobbies  
Home Remedies  
▶ Pottery and Utensils  
Cosmetics  
Food/Drink Items  
Other Sources  
Associated Persons  
Other Blood Tests  
Other Medical  
Chelation  
Notes  
Patient Attachments

Do you have any imported or handmade ceramics in the household? (List those with which case comes into contact)  
Yes ▾ \*

Out of what does the case usually eat and drink?  
Child sometimes eats from fancy painted ceramic bowl that the family brought back from the last trip home to Mexico.

#	Imported or handmade ceramic	Test Kit Result	Delete
1	painted ceramic bowl		Delete

Imported or handmade ceramics  
painted ceramic bowl

Describe its use  
Child sometimes uses bowl when eating soup or porridge.

Sample Collected?  
No ▾

Test Kit result  
▾

New  
Help  
Save  
Revert  
Print Screen  
Log Out

**Case Exposure Sources: Cosmetics**

Use the **Cosmetics** exposure page to enter information related to possible exposure from cosmetic products used by the patient or family members.

- Step 1:** Click on **Cosmetics** on the left side menu to open the **Cosmetics** page. Answer “Yes” to the **Are any of these cosmetics ever used in the household?** question if cosmetics are a suspected source of lead exposure. This field is required.
- Step 2:** Enter information in the other fields as appropriate.
- Step 3:** In the **List other household members using this cosmetic** box, click the **Select** button and choose the person from the list of household members. If the person you want is not listed, add a new household member (See [HHLPSS Job Aid 3.9: Associated Persons and Household Members, P-02299-3.9](#)).
- Step 4:** Click the **Save** button in the bottom left side menu to save the record.
- Step 5:** If it is possible an adult was exposed to lead from using this cosmetic, contact the Adult Lead Program at [dhsocchealth@wi.gov](mailto:dhsocchealth@wi.gov) or 608-266-1120. In your communication, provide the name of the adult and the type of cosmetic that may be causing a lead exposure.
- Step 6:** To add another cosmetic, click on the **New** button in the bottom left corner.

**HHLPSS**  
Healthy Homes and Lead  
Poisoning Surveillance System

(OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C

Home Clinical Environmental Reports

Find Patient  
Clinical Letters  
Patient Info  
Patient Address  
Blood Lead Tests  
Case Details  
▶ Case Exposure  
Mobility & Behavior  
Take-Home  
Hobbies  
Home Remedies  
Pottery and Utensils  
▶ **Cosmetics**  
Food/Drink Items  
Other Sources  
Associated Persons  
Other Blood Tests  
Other Medical  
Chelation  
Notes  
Patient Attachments

Are any of these cosmetics ever used in the household?  
Yes \*

#	Cosmetic	Last Used	Delete
1	Kohl		Delete

Cosmetic: Kohl \*  
Other Cosmetic:   
Sample Collected? Yes

Was this cosmetic used by this case? Yes

List other household members using this cosmetic:

Name	Pregnant
<input type="text"/>	

Select

How long (days) used by case:   
Date last used by case:   
How many times used in the last year?

New  
Help  
Save  
Revert  
Print Screen  
Log Out

**Case Exposure Sources: Food/Drink Items**

The **Food/Drink Items** page allows you to enter details related to possible exposure from food or drink.

**Step 1:** Click on **Food/Drink Items** on the left side menu to open the **Food/Drink Items** page. Type the food or drink item into the **Food/Drink Item** box (highlighted in yellow below).

**Step 2:** Enter or select information in the other fields, as appropriate.

**Step 3:** To list other household members who consumed the food or drink, first select “Yes” for **Was food/drink item given to case**, then click on the **Select** button under **List other household members given the Food/Drink**. Choose the person from the list of household members, or if the person is not listed, add a new household member (See [HHL PSS Job Aid 3.9: Associated Persons and Household Members, P-02299-3.9](#)).

**Step 4:** Click the **Save** button in the bottom left side menu to save the record.

**Step 5:** If an adult was possibly exposed to lead from consuming the food or drink, contact the Adult Lead Program at [dhsocchealth@wi.gov](mailto:dhsocchealth@wi.gov) or 608-266-1120. In your communication, provide the name of the adult and the food or drink that may be causing an exposure.

**Step 6:** To add a different food or drink source, click on the **New** button in the bottom left corner.

**HHL PSS**  
Healthy Homes and Lead Poisoning Surveillance System

(OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C

Home Clinical Environmental Reports

#	Food/Drink Item	Last Used	Delete
1	Juicy Juice Grape Juice		Delete

Food/Drink Item: Juicy Juice Grape Juice

Sample Collected? Yes

Description (Including Brand Name):

Was Food/Drink item made in the US? If no, where? Was this food/drink item bought in the US? If yes, where?

Was food/drink item given to case

List other household members given the Food/Drink:

Name	Pregnant

Select

Date last given to Case?

How many times in last year? Total amount/day How much was given to case? Duration How Often

New Save Revert Print Screen Log Out



**Other Case Exposure Sources**

The **Other Sources** page allows you to enter details related to possible exposures from sources other than those listed on the previous pages.

- Step 1:** Click on **Other Sources** on the left side menu to open the **Other Sources** page. Answer “Yes” to the **Other potential sources investigated?** question to activate the other fields on the page. This box is required to list other sources.
- Step 2:** Enter information in the other fields as appropriate.
- Step 3:** Click the **Save** button in the bottom left side menu to save the record.
- Step 4:** If an adult in the household was possibly exposed by the same lead source, contact the Adult Lead Program at [dhsocchealth@wi.gov](mailto:dhsocchealth@wi.gov) or 608-266-1120. In your communication, provide the name of the adult and the source that may be causing lead exposure.
- Step 5:** To add another potential exposure source, click on the **New** button in the bottom left corner.

**HHLPPS**  
Healthy Homes and Lead Poisoning Surveillance System

(OLANTERN, JILL) DOB: 1/1/2016 ID#: 2018924 JURI.: DEPARTMENT OF PUBLIC HEALTH FOR MADISON AND DANE C

Home Clinical Environmental Reports

Find Patient  
Clinical Letters  
Patient Info  
Patient Address  
Blood Lead Tests  
Case Details  
▶ Case Exposure  
Mobility & Behavior  
Take-Home  
Hobbies  
Home Remedies  
Pottery and Utensils  
Cosmetics  
Food/Drink Items  
▶ **Other Sources**  
Associated Persons  
Other Blood Tests  
Other Medical  
Chelation  
Notes  
Patient Attachments

**Other potential sources investigated?**  
Yes \*  
 Retained Bullet Since When? [ ]

#	Other Potential Sources Investigated	Test Kit result	Delete
1	mini-blinds		Delete

Other potential sources investigated(lead shot, prenatal exposure, miniblinds, etc.)  
mini-blinds

Description(including brand name)  
No brand name listed.

Duration of use / exposure [ ] Test Kit result [ ] Sample Collected? [ ]

New  
Help  
Save  
Revert  
Print Screen  
Log Out

**Questions**

Please contact the HHLPPS coordinator at 608-266-5817 or email [DHS Lead Poisoning Prevention](mailto:DHS Lead Poisoning Prevention).