

1 [Lead Hazard Definition Amendment.]  
2

3 Ordinance amending Section 1601 of Article 26 of the San Francisco Health Code to  
4 change to title of the Article to emphasize the lead poisoning prevention aspect of the  
5 Article; amending the definitions for various lead hazards in Section 1603 of Article 26  
6 of the San Francisco Health Code to conform with the newly promulgated lead levels  
7 from the United States Environmental Protection Agency ("USEPA") and the California  
8 Department of Health Services ("CDHS") for Dust-Lead Hazard; conforming the terms  
9 used in the Article to those used by USEPA and CDHS; amending the definitions for  
10 "Case-Managed Child," "Elevated Blood Lead Child" and "Lead-Poisoned Child" to  
11 conform with the new requirements from the California Department of Health Services  
12 regarding case-management of lead-poisoned children, and making conforming  
13 changes to Sections 1601, 1602, 1604, 1617, and 1626.

14 Note: Additions are single-underline italics Times New Roman;  
15 deletions are ~~striketrough italics Times New Roman~~.  
16 Board amendment additions are double underlined.  
Board amendment deletions are ~~striketrough normal~~.

17 Be it ordained by the People of the City and County of San Francisco:

18 Section 1. The San Francisco Health Code is hereby amended by amending Article  
19 26, to read as follows:

20 SEC. 1601. **TITLE.**

21 This law may be cited as the Comprehensive Environmental Lead Poisoning  
22 Prevention, Investigation, Management and Enforcement Program.

23 SEC. 1601. **FINDINGS.**

24 The Board of Supervisors finds that:  
25

Supervisors Ammiano, Newsom, Daly, Gonzalez, Sandoval  
Health Commission  
**BOARD OF SUPERVISORS**

1 (a) The Centers for Disease Control ("CDC") have determined that childhood lead  
2 poisoning is one of the most common pediatric health problems in the United States today,  
3 and it is entirely preventable. ("Preventing Lead Poisoning in Young Children," CDC, Oct.  
4 1991.) Children in San Francisco ~~less than six years~~ up to 72 months of age are particularly at  
5 risk due to the multiple sources of lead in the City's housing stock and in the background  
6 environment. The Board of Supervisors believes that childhood lead poisoning is the most  
7 significant environmentally caused health threat to young children living in San Francisco.

8 From March 1991 through November 1994, initial blood lead tests were received by the  
9 Department of Public Health for 7,143 children aged six ~~months to six years~~ 72 months. Of these  
10 7,143 children, 587 (8.2 percent) had elevated blood lead (EBL) levels greater than or equal  
11 to 10  $\mu\text{g}/\text{dL}$ , the level at which some action must be taken to prevent further exposures  
12 according to CDC guidance. Children requiring case management included 186 children (2.6  
13 percent of the total) with blood lead levels between 15 and 19  $\mu\text{g}/\text{dL}$  and 123 children (1.7  
14 percent of total) with blood levels greater than or equal to 20  $\mu\text{g}/\text{dL}$ . The highest prevalence  
15 of EBL was 10.1 percent for one-year-olds, closely followed by a prevalence of 9.6 percent  
16 among two-year-olds. ("San Francisco Epidemiologic Bulletin," Vol. 11, Nos. 1/2, Jan/Feb.  
17 1995.)

18 There are approximately 42,000 children in San Francisco in the age group of concern,  
19 but this number is likely to grow. At the current rate of 9,000 births per year, thousands more  
20 children will enter the age group of concern in the coming years. Census data from 1990  
21 show significant numbers of these children living in poverty, and in properties built prior to  
22 1950. Based on these proven risk factors, a significant proportion of San Francisco's children  
23 are at risk for lead poisoning.

24 (b) Childhood lead poisoning is dangerous to public health, safety and general  
25 welfare. It requires large, but avoidable expenditures of public funds for health care and

1 special education, causing a substantial, unnecessary drain on public revenues, and it  
2 reduces the ability of lead-poisoned children to become productive members of the City's  
3 work force. Recent studies show a need for remedial education for lead-poisoned children.  
4 Studies by the federal government show that the benefits of protecting children from lead  
5 poisoning are far greater than the costs needed to prevent lead poisoning and reduce lead  
6 hazards.

7 (c) The Agency for Toxic Substances And Disease Registry has reported the  
8 following toxicological effects of lead to the U.S. Congress: "Exposure to lead continues to be  
9 a serious public health problem — particularly for the young child and the fetus. The primary  
10 target organ for lead toxicity is the brain or central nervous system, especially during early  
11 child development. In children and adults, very severe exposure can cause coma,  
12 convulsions and even death. Less severe exposure of children can produce delayed cognitive  
13 development, reduced IQ scores, and impaired hearing — even at exposure levels once  
14 thought to cause no harmful effects. Depending on the amount of lead absorbed, exposure  
15 can also cause toxic effects on the kidney, impaired regulation of vitamin D, and diminished  
16 synthesis of heme in red blood cells. All of these effects are significant. Toxicity can be  
17 persistent, and effects on the central nervous system may be irreversible." ("The Nature and  
18 Extent of Lead Poisoning in Children in the U.S.: A Report to Congress," ATSDR, July 1988.)

19 Furthermore, the ATSDR reported that in recent years, a growing number of  
20 investigators have examined the effects of exposure to low levels of lead on young children.  
21 The history of research in this field shows a progressive decline in the lowest exposure levels  
22 at which adverse health effects can be reliably detected. Thus, despite some progress in  
23 reducing the average level of lead exposure in this country, it is increasingly apparent that the  
24 scope of the childhood lead poisoning problem has been, and continues to be, much greater  
25 than was previously realized. The National Health and Nutrition Examination Survey

1 ("NHANES III") has shown that the remaining issues are in the nation's housing stock,  
2 particularly in urban areas and communities of color or low income status.

3 (d) The most significant sources of environmental lead are deteriorated and  
4 disturbed lead-based paint in housing, lead-contaminated dust, water and soil. In San  
5 Francisco, approximately 75 percent or 260,000 out of some 330,000, housing units have  
6 been painted with leaded paint prior to 1978, the highest percentage of housing units in a  
7 county in California, and one of the highest number of housing units in an urban city in the  
8 entire country. The Board of Supervisors finds that these types of lead hazards are under the  
9 control of building owners and landlords who have ultimate authority over and responsibility  
10 for the condition of San Francisco's housing stock. The Board intends to require that owners  
11 of residential property built prior to 1978 warn tenants of the potential for lead paint hazards.

12 (e) Other sources of lead in San Francisco contribute to lead poisoning of children,  
13 including lead in drinking water, some food cans, some ceramics and dishware, artists' paints,  
14 automotive and marine paints, adult occupations and hobbies, old factory sites and auto  
15 wrecking yards, soil and reentrained dust along busy roads and highways, and some  
16 traditional medicines. In addition, where lead hazards do not exist they are often created by  
17 painting and home remodeling. The Board intends to address this last hazard through  
18 requirements for signs warning of lead hazards in home improvement stores where painting  
19 and remodeling equipment is sold.

20 (f) The impact on children from lead poisoning is immediate at high levels of  
21 exposure. At chronic low-level exposure, epidemiological studies have shown lifelong impact.  
22 The causes of childhood lead poisoning are well understood. This terribly debilitating disease  
23 is preventable and can be eliminated with concerted community action.

24 (g) The CDC has recommended that primary prevention efforts (that is, elimination  
25 of lead hazards before children are poisoned) receive more emphasis as the blood lead levels

1 of concern are lowered. The *CDC Centers for Disease Control* further determined that the goal  
2 of all lead poisoning prevention activities should be to reduce children's blood lead levels  
3 below 10  $\mu\text{g}/\text{dL}$ . If many children in the community have blood lead levels greater than or  
4 equal to 10  $\mu\text{g}/\text{dL}$ , community-wide interventions (primary prevention activities) should be  
5 considered by appropriate agencies. Medical interventions for individual children should begin  
6 at blood lead levels of 15  $\mu\text{g}/\text{dL}$ . ("Preventing Lead Poisoning in Young Children," CDC, Oct.  
7 1991.)

8 (h) San Francisco has begun to implement a comprehensive plan for preventing  
9 childhood lead poisoning and reducing exposure to lead. Medical case management currently  
10 begins when a child has a blood lead level of 15  $\mu\text{g}/\text{dL}$  or greater. Environmental  
11 investigation of the child's housing unit begins when blood lead levels are 20  $\mu\text{g}/\text{dL}$  or greater,  
12 or 15 to 19  $\mu\text{g}/\text{dL}$  in consecutive tests three to four months apart. These interventions were  
13 provided for in the Comprehensive Lead Poisoning Prevention Program added to the San  
14 Francisco Health Code in 1992.

15 (i) The 1992 ordinance did not provide specific authority for the Department of  
16 Public Health to order control or elimination of the lead hazards in dwelling units. The Board  
17 of Supervisors was aware that protecting the public health from lead poisoning problems  
18 involves complex issues, including technological questions, that required discussion and  
19 resolution. To that end, in 1992 the Board appointed, in Section 1608 of the 1992 Ordinance,  
20 the Lead Hazard Reduction Citizens Advisory Committee. The Committee was mandated to  
21 recommend legislation to the Board on the technical and policy issues needing resolution.  
22 The Board of Supervisors concurs with the recommendations submitted by the Citizens  
23 Advisory Committee, including the recommendation that the Department of Public Health  
24 must have authority to order the removal of lead hazards, and that such authority is a  
25 necessary component of a program designed to control lead hazards that would adversely

1 affect a child with elevated blood levels. It is the intent of the Board of Supervisors that the  
2 Director of Public Health have broad discretionary authority to enforce the mandates of this  
3 ordinance by ordering the control or elimination of lead hazards. The provisions of this law  
4 shall be liberally construed to implement and effectuate its purposes.

5 (j) The intent of the Board is that lead hazards be controlled or eliminated in a cost-  
6 effective manner. The Board of Supervisors finds that the "Guidelines for the Evaluation and  
7 Control of Lead-Based Paint Hazards in Housing" produced by the Department of Housing  
8 and Urban Development, provide a useful guide for the Department of Public Health to use in  
9 sampling, testing, and approving the control and elimination of lead hazards. The preface to  
10 the "Guidelines" notes that the overall framework is designed to "tailor sensible and effective  
11 hazard control programs to fit the financial and environmental conditions of specific  
12 properties." The Director of Public Health should, to the extent feasible, utilize these  
13 Guidelines and other guidance issued by federal and State agencies, to maintain the high  
14 standard of public health protection that is scientifically based and cost-effective.

15 (k) This legislation is directed primarily at those dwelling units where a lead-  
16 poisoned child resides, has resided in the recent past, or spends a considerable amount of  
17 time. This ordinance is an integral step toward primary prevention of lead poisoning through  
18 remediation of the City's overall housing stock, and the Board intends that the Director of  
19 Public Health make diligent efforts to see that building owners and landlords and tenants  
20 receive prompt, actual notice of any identified lead hazards. The Board intends that those  
21 lead hazards that are within the control of owners or managers of buildings should be  
22 considered nuisances and subject to elimination or control whenever a lead-poisoned child is  
23 present. The Board expects that future legislation will address these issues for all properties,  
24 regardless of the age or health of the occupants. The Lead Hazard Reduction Committee's  
25

1 mandate includes future legislative proposals for the Board to consider towards the goal of  
2 prevention of childhood lead poisoning.

3 (l) On May 22, 2000, the California Department of Health Services issued Childhood Lead  
4 Poisoning Prevention Branch (CLPPB) Program Letter #00-06 creating new policy which directed  
5 local Childhood Lead Poisoning Prevention (CLPP) Case Management Contractors to modify the case  
6 definition eligible for case management services, to include children from birth to 21 years of age.  
7 Because CLPP contractors are providing services to children in publicly funded programs (such as  
8 EPSDT, a Medicaid service), we must make our eligibility criteria consistent with other federal and  
9 state agencies that regulate and fund blood lead testing and case management services. EPSDT  
10 services are provided to eligible children from birth to 21 years of age.

11 (m) Based on scientific evidence, such as the age of concern established by the CDC, the  
12 Director of Health is focused on reducing lead hazards to children up to 72 months of age in order to  
13 prevent lead poisoning in this vulnerable population. However, due to a contractual agreement with  
14 the State Department of Health Services for the City and County of San Francisco to provide case  
15 management services to lead-poisoned children, the Director's authority to respond to reports of lead  
16 poisoning is extended to children up to 21 years of age.

17 **SEC. 1602. PURPOSES AND GOALS.**

18 (a)(1) The purpose of this Article is to protect the public health and welfare by  
19 establishing a definition of lead hazards, and requiring control or elimination of lead hazards  
20 through administrative orders when the Director of Public Health has found that a child ~~under~~  
21 ~~six years~~ up to 21 years of age is known to be lead poisoned and may be further exposed.

22 (2) Overall, this Article mandates the Department to respond to all children found to  
23 have elevated blood lead levels in the appropriate manner, consistent with federal and State  
24 guidelines.

25 (b) The goals of this law are:

1 (1) To respond to individual cases of childhood lead poisoning through the elimination  
2 of potential exposure pathways to environmental lead; and

3 (2) To maintain and increase a stock of lead-safe housing in the City and County of  
4 San Francisco by requiring lead hazard control or elimination at those properties where lead-  
5 poisoned children may suffer continued exposure.

6 **SEC. 1603. DEFINITIONS.**

7 All defined terms used in this Article incorporate the meanings set forth below. In order  
8 to identify defined terms, the first letter of each defined term is capitalized.

9 ~~(a) "Accessible Surface" means any interior or exterior surface that is reachable,~~  
10 ~~mouthable, chewable, or that by contact, constitutes a lead hazard to children.~~

11 ~~(a b)~~ "Accredited Laboratory" means a laboratory which operates within the EPA  
12 National Lead Laboratory Accreditation Program.

13 ~~(b e)~~ "Case-Managed Child" means an elevated blood lead child ~~under six years old~~  
14 with a venous blood lead level greater than or equal to 15 micrograms per deciliter.

15 ~~(c d)~~ "Certified Lead Inspector/Assessor" means any Person licensed or certified to perform  
16 risk assessment and/or lead-based paint inspection by the California Department of Health Services  
17 (DHS), as authorized by the United States Environmental Protection Agency (EPA), in accordance with  
18 40 CFR Part 745, subparts L or O. a process used by the State of California and EPA to identify  
19 individuals who have completed training and other requirements to permit the safe execution of risk  
20 assessments, inspections and lead hazard reduction and control work.

21 ~~(d e)~~ "Clean" or "Cleaning" means a lead hazard remediation technique in which a  
22 HEPA vacuum, truck-mounted vacuum, wet cleaning agent, and/or other technology that  
23 results in compliance with HUD clearance criteria, is used to remove a lead-contaminated  
24 dust hazard.

25 ~~(e)~~ "Child" means a natural individual who is under 21 years of age.



1 (f) "Clearance Inspection" means visual examination and collection of  
2 environmental samples by ~~an~~ certified lead inspector/~~or risk~~ assessor, and analysis by an  
3 accredited laboratory, upon completion of lead hazard remediation activities.

4 (g) "Deteriorated Lead-Based Paint" means any interior or exterior lead-based paint  
5 that is peeling, chipping, blistering, flaking, worn, chalking, alligating, cracking or otherwise  
6 separating from the substrate, or located on any surface or fixture that is damaged.

7 (h) "Director" means the Director of the San Francisco Department of Public Health  
8 or the Director's designee.

9 (i) "Dust Removal" means a lead hazard remediation technique which involves an  
10 initial cleaning of lead-contaminated dust followed by periodic monitoring and recleaning as  
11 needed. Dust removal may be the primary remediation technique or one element of a broader  
12 effort which reduces lead hazards.

13 (j) "Dwelling Unit" means all residential dwelling units in the City and County of San  
14 Francisco together with the land and appurtenant buildings thereto, and all furnishings and  
15 facilities supplied in connection with the use or occupancy thereof, including garage and  
16 parking facilities.

17 (k) "Elevated Blood Lead Child Level" means a child ~~under six years old~~, with a  
18 venous blood lead level greater than or equal to 10 micrograms per deciliter (ug/dL).

19 (l) "Encapsulation" means a lead hazard remediation technique which utilizes a  
20 covering or coating to act as a barrier between lead-based paint and the environment, and  
21 that relies on adhesion and the integrity of the existing paint bonds between layers and with  
22 the substrate for its durability (see also "enclosure").

23 (m) "Enclosure" means a lead hazard remediation technique which utilizes rigid,  
24 durable construction materials that are mechanically fastened to the substrate in order to act  
25 as a barrier between lead-based paint and the dwelling unit or the environment.

1 (n) "Exposure Sources" means paint, dust, soil, water, cookware, ceramics,  
2 tableware, food sources, parental hobby and occupation materials, home remedies and  
3 traditional medicines, cosmetics, and nearby lead industry emissions.

4 ~~(o) "Friction Surface" means any interior or exterior surface subject to abrasion or friction,~~  
5 ~~such that it is contributing to the deterioration of lead-based paint or generating lead-contaminated~~  
6 ~~dust.~~

7 (o

) "HEPA" means a high efficiency particulate air filter.

8 ~~(q) "Impact Surface" means any interior or exterior surface subject to repeated impacts~~  
9 ~~such that it is contributing to the deterioration of lead-based paint or generating lead-contaminated~~  
10 ~~dust.~~

11 ~~(r) "Industrial Hygienist" means a person having a college or university degree in~~  
12 ~~engineering, chemistry, physics, medicine, or related physical or biological science who, by virtue of~~  
13 ~~special training, is qualified to anticipate, recognize, evaluate, and control environmental and~~  
14 ~~occupational health hazards and the impact of those hazards on the community.~~

15 (p) "Landlord" means an owner, lessor, or sublessor who receives or is entitled to  
16 receive rent for the use and occupancy of any dwelling unit or portion thereof, any  
17 nonresidential building, or any other premises in the City and County of San Francisco, and  
18 the agent, representative or successor of any of the foregoing.

19 (q) "Landscaping" means the creation of barriers or barrier plantings that limit  
20 exposure to lead-contaminated soil.

21 (r) "Lead" means metallic lead and all inorganic and organic compounds of lead.

22 (s) "Lead-Based Paint" means any paint, varnish, shellac or other coating on  
23 surfaces with lead in excess of 1.0 mg/cm<sup>2</sup> as measured by X-ray fluorescence (XRF)  
24 detector or laboratory analysis or 0.5 percent by weight (5,000 ppm, 5,000 µg/g, or 5,000  
25 mg/kg) by laboratory analysis.

1           (t ~~w~~) "Lead-Contaminated Dust" or "Dust-Lead Hazard" means surface dust that  
2 contains ~~an area or~~ mass per area concentration of lead equal to or exceeding ~~in excess of 100~~ 40  
3  $\mu\text{g}/\text{ft}^2$  on ~~uncarpeted~~ floors and other interior horizontal surfaces, ~~500~~ 250  $\mu\text{g}/\text{ft}^2$  on interior  
4 windowsills, and 800  $\mu\text{g}/\text{ft}^2$  on exterior windowsills and other exterior horizontal surfaces.

5           (u ~~x~~) "Lead-Contaminated Soil" or "Soil-Lead Hazard" means ~~areas~~ bare soil that  
6 contains total lead ~~in excess of~~ equal to or exceeding 400 parts per million ( $\mu\text{g}/\text{g}$ ) in bare soil, or  
7 such lower level as the Director determines to constitute a lead hazard.

8           (v ~~y~~) "Lead-Contaminated Water" means tap water that contains lead in excess of 15  
9 parts per billion ( $\mu\text{g}/\text{l}$ ).

10           (w ~~z~~) "Lead Hazard" means any condition that exposes children to lead from any  
11 source, including but not limited to lead-contaminated water, lead-contaminated dust (Dust-  
12 lead hazard), lead-contaminated soil (Soil-lead hazard), and Paint-lead hazard in dwelling units or  
13 other locations, ~~lead-based paint on impact surfaces, friction surfaces, or accessible surfaces, or~~  
14 ~~deteriorated lead-based paint.~~

15           (x ~~aa~~) "Lead Hazard Remediation Technique(s)" means an activity designed to control  
16 or eliminate a lead hazard.

17           (y ~~bb~~) "Lead-Poisoned Child" means a child ~~under six years old~~ with a single venous  
18 blood lead level greater than or equal to 20 micrograms per deciliter, or a persistent venous  
19 blood lead level between 15 and 19 micrograms per deciliter based on consecutive  
20 measurements three to four months apart.

21           (z ~~cc~~) "Manager" means the authorized agent or landlord for the owner of a dwelling  
22 unit, or any nonresidential building or premises, who is responsible for the day-to-day  
23 operation of said dwelling unit, building or premises.

24           (aa ~~dd~~) "Owner" means any person, agent, firm or corporation having a legal or  
25 equitable interest in a dwelling unit, building, or other premises. For purposes of orders under

1 Sections 1628 and 1630, the term "owner" shall not include entities such as banks or lending  
2 institutions holding equitable interests as security unless the entity is in actual physical control  
3 of the premises, or is performing property management activities.

4 (bb ee) "Paint Film Stabilization" means a lead hazard remediation technique using wet  
5 scraping, priming, and repainting a deteriorated lead-based paint film.

6 (cc) "Paint-Lead Hazard" means any of the following: (1) any lead-based paint on a friction  
7 surface that is subject to abrasion and where the lead dust levels on the nearest horizontal surface  
8 underneath the friction surface (e.g.: the windowsill or floor) constitute a dust-lead hazard; (2) any  
9 damaged or otherwise deteriorated lead-based paint on impact surface that is caused by impact from a  
10 related building component, such as a door knob that knocks into a wall or a door that knocks against  
11 its door frame; (3) any chewable lead-based painted surface on which there is evidence of teeth marks;  
12 and (4) other deteriorated lead-based paint on the interior or exterior of any building.

13 (dd ff) "Paint Removal" means a lead hazard remediation technique using chemicals,  
14 heat guns emitting heat below 1,100 degrees Fahrenheit and certain contained abrasive  
15 methods to remove lead-based paint, but does not mean open flame burning, open abrasive  
16 blasting, sandblasting, water blasting or extensive dry scraping.

17 (ee gg) "Periodic Surveillance" means a series of reevaluations, including visual  
18 assessment and collection of environmental samples, by a certified lead inspector/assessor  
19 industrial hygienist or other person acceptable to the Director, to determine whether a lead  
20 hazard remediation technique previously implemented is still effective, or whether the dwelling  
21 unit is still lead-safe.

22 (ff hh) "Person" means a natural person, his or her heirs, executors, administrators or  
23 assigns, and also includes a municipal or State agency, a firm, joint stock company, business  
24 concern, association, partnership or corporation, its or their successors or assigns, or the  
25 agent of any of the aforesaid.

1           (gg #) "Replacement" is a lead hazard remediation technique utilizing removal of  
2 building components such as windows, doors, and trim that have lead-based paint surfaces,  
3 and installing new components free of lead- based paint.

4           (hh #) "Substrate" means a surface upon which paint, varnish, or other coating has  
5 been or may be applied. Examples of substrates include wood, plaster, metal, and drywall.

6           (ii #) "Tenant" means a person entitled by written or oral agreement, subtenancy or by  
7 sufferance, to occupy a residential dwelling unit to the exclusion of others.

8           **SEC. 1604. AUTHORITY OF THE DIRECTOR.**

9           (a)     The Director is authorized to administer and enforce the provisions of this  
10 Article; to conduct a case management program for elevated blood lead level children; to  
11 conduct a program for the remediation of lead hazards in residential and nonresidential  
12 buildings, indoor or outdoor property or premises, and dwelling units; to order vacation of any  
13 dwelling unit; and to enforce the provisions of this Article by any lawful means. The Director's  
14 authority to abate nuisances under this Article shall be in addition to authority granted under  
15 other law, including ~~Articles 2 and 11 of the San Francisco Health~~ this Code, and the Director  
16 may combine all such authorities to protect persons from lead hazards and to seek collection  
17 or reimbursement of nuisance abatement costs. The Special Revenue Fund created under  
18 Section 599(e)(h) of ~~the San Francisco Health~~ this Code may be used to abate lead hazards in  
19 any structure, building or part thereof as provided in Article 11.

20           (b)     Upon showing of proper credentials, persons authorized by the Director, when  
21 necessary for the performance of their duties, shall have the right to enter any building,  
22 premises or dwelling unit specified in Section 1626 of this Article and perform sampling,  
23 testing or periodic surveillance of potential lead hazards. The Director shall seek the consent  
24 of the owner or current occupant before entry.

1 (c) The Director may promulgate such regulations as may be necessary from time  
2 to time to carry out the provisions of this Article. The definitions for lead-contaminated dust,  
3 water and soil, and the definition of lead-based paint expressed in Section 1603 may be  
4 amended by such regulations in light of scientific evidence or guidance from federal or State  
5 agencies, without further action by the Board of Supervisors.

6 (d) Prior to adoption of any rule or regulation under this Article, the Director shall  
7 provide a 30-day public comment period by providing published notice in an official  
8 newspaper of general circulation in the City and County of San Francisco of the intent to issue  
9 or amend the rule or regulation. Rules and regulations shall be approved by the Health  
10 Commission at a public hearing. In addition to the notices required by law, the Secretary of  
11 the Health Commission shall send written notice, at least 15 days prior to the hearing, to any  
12 interested party who sends a written request to the Health Commission for notice of hearings  
13 on lead regulation. Regulations promulgated by the Director and approved by the Health  
14 Commission shall be maintained in the Office of the Clerk of the Board of Supervisors.

15 **SEC. 1617. CASE MANAGEMENT.**

16 (a) The Director shall develop a case management program so that all elevated  
17 blood lead level children receive appropriate services. At a minimum, the services provided by  
18 the Director shall include:

19 (1) For levels 10 to 14  $\mu\text{g}/\text{dL}$ : A letter and lead information packet shall be sent to the  
20 parent (which encourages retest in three months and gives simple recommendations).

21 (2) For levels 15 to 19  $\mu\text{g}/\text{dL}$ : A Public Health Nurse (PHN) referral shall be made. The  
22 PHN shall make a home visit to provide extensive teaching.

23 (3) For levels 20  $\mu\text{g}/\text{dL}$  and above, and levels from 15 to 19  $\mu\text{g}/\text{dL}$  in consecutive  
24 measurements three to four months apart (a lead-poisoned child): In addition the  
25 assigned PHN duties, ~~an industrial hygienist or environmental health inspector~~ a certified

1            lead inspector/assessor shall perform an environmental investigation and issue a report of  
2            lead hazard findings. The building owner and the Department of Building Inspection  
3            shall also receive notice of lead hazard findings which are in the building owner's  
4            control.

5            (b)     The Director shall have the authority to establish deadlines and priorities  
6            regarding the provision of such services as described in Section 1617(a) to all children with  
7            elevated blood lead levels.

8            **SEC. 1626. INVESTIGATION AND TESTING.**

9            (a)     Whenever the Director determines that a lead- poisoned child resides in the City  
10           and County of San Francisco, the Director may inspect:

11           (1) The dwelling unit in which the affected child currently resides, and;

12           (2) Any dwelling unit in which the affected child resided or received family day care  
13           during the six- month period prior to the Director's initial determination.

14           ~~(3) In the case of children six years old or more, who have the equivalent blood lead levels of a~~  
15           ~~lead- poisoned child, if the Director can demonstrate that current lead hazards exist in the~~  
16           ~~dwelling unit, and that this child is still ingesting lead in the dwelling unit, the Director may~~  
17           ~~implement Subsection (a)(1) above.~~

18           (b)     Whenever the Director determines that a lead-poisoned child spends a  
19           substantial amount of time at any location other than a dwelling unit, and that such building or  
20           premises may cause or contribute to the child's elevated blood lead level, the Director may  
21           inspect that building or premises to the extent allowed by law. The Director shall notify the  
22           owner or manager of such location of any discovered lead hazards and shall notify the users  
23           or occupants by posting a notice of his/her findings at the premises.

24           (c)     Every inspection shall include sampling for the presence of environmental lead  
25           as deemed necessary and appropriate by the Director, provided that, the Director shall use

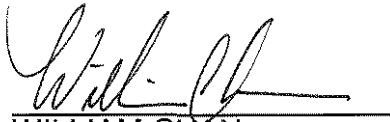
1 the most current guidance from the United States Department of Housing and Urban  
2 Development and the United States Environmental Protection Agency to determine  
3 appropriate sampling and testing methods. All bulk samples gathered during an inspection  
4 shall be tested by an accredited laboratory.

5 (d) The Director shall provide the results of any sampling to the parent or guardian  
6 of the affected child and to the owner of the dwelling unit, if different than such parent or  
7 guardian, and to the owner or manager of any nonresidential premises inspected under this  
8 Article, along with the Director's requirements for control or elimination of lead hazards. The  
9 Director shall also provide sample results to the Director of the Department of Building  
10 Inspection.

11 (e) If the results of an inspection under Subsection (a) indicate lead hazards, the  
12 Director shall notify all residential occupants of the building of the test results.

13 APPROVED AS TO FORM:  
14 DENNIS J. HERRERA, City Attorney

15  
16  
17 By:

  
18 WILLIAM CHAN  
19 Deputy City Attorney  
20  
21  
22  
23  
24  
25





# City and County of San Francisco

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

## Tails

## Ordinance

---

**File Number:** 021857

**Date Passed:**

Ordinance amending Section 1601 of Article 26 of the San Francisco Health Code to change the title of the Article to emphasize the lead poisoning prevention aspect of the Article; amending the definitions for various lead hazards in Section 1603 of Article 26 of the San Francisco Health Code to conform with the newly promulgated lead levels from the United States Environmental Protection Agency ("USEPA") and the California Department of Health Services ("CDHS") for Dust-Lead Hazard; conforming the terms used in the Article to those used by USEPA and CDHS; amending the definitions for "Case-Managed Child," "Elevated Blood Lead Child" and "Lead-Poisoned Child" to conform with the new requirements from the California Department of Health Services regarding case-management of lead-poisoned children, and making conforming changes to Sections 1601, 1602, 1604, 1617, and 1626.

---

March 4, 2003 Board of Supervisors — PASSED ON FIRST READING

Ayes: 10 - Ammiano, Daly, Dufty, Gonzalez, Hall, Ma, McGoldrick, Newsom,  
Peskin, Sandoval  
Absent: 1 - Maxwell

March 18, 2003 Board of Supervisors — FINALLY PASSED

Ayes: 10 - Ammiano, Dufty, Gonzalez, Hall, Ma, Maxwell, McGoldrick, Newsom,  
Peskin, Sandoval  
Excused: 1 - Daly

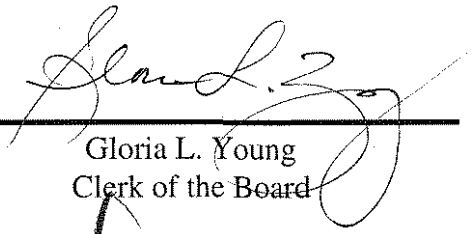
File No. 021857

I hereby certify that the foregoing Ordinance  
was FINALLY PASSED on March 18, 2003  
by the Board of Supervisors of the City and  
County of San Francisco.

MAR 28 2003

---

Date Approved

  
Gloria L. Young  
Clerk of the Board

  
Mayor Willie L. Brown Jr.