

## Lead and Copper Scoping Meeting

August 1, 2016

Beck Conference Room, Department of Health, 3 Capitol Hill, Providence

### Attendees:

1. June Swallow, Chief, DOH Drinking Water Quality
2. Clay Commons, DOH Drinking Water Quality
3. Darlene Price, RI Housing Resources Commission
4. Eugenia Marks
5. Pat Nolan, Brown University
6. Laura Brion, Childhood Lead Action Project
7. Bob Bozikowski, URI Facilities
8. Jason Blais, Atlantic States Rural Water and Wastewater Association
9. Henry Leibovitz, DOH Laboratories
10. Bonnie Cassani Brandt, DOH Healthy Homes & Environment
11. Joeseoph da Silva, RI Department of Education
12. Alyson McCann, URI Cooperative Extension
13. Elizabeth Herron, URI Cooperative Extension
14. Lisa Philo, URI Cooperative Extension
15. Lorraine Joubert, URI Cooperative Extension

Clay Commons: Original lead bill was designed to determine if water supplies contained lead or copper and, if so, were the treatment measures implemented effective. Thus sampling occurred at the intake or post-treatment. That rule doesn't require assessment of water at the tap, which assesses the impact from building plumbing and at the point of ingestion.

Current criterion: >90% of samples below the lead action level means the treatment system is in compliance.

LCCA – Lead Contamination Control Act of 1988 ( <https://www.congress.gov/bill/100th-congress/house-bill/4939> ) requires schools to test for lead from drinking water coolers and other sources in schools. Schools on municipal water are not sampled now except under LCCA, but RIDOH is not currently enforcing that aspect of LCCA.

Self-supplied schools already pay for their own monitoring.

Bonnie Cassani Brandt: The 2006 version of 3Ts for Reducing Lead in Drinking Water in Schools - Revised Technical Guidance (USEPA) is being updated to reflect new action levels. ([https://www.epa.gov/sites/production/files/2015-09/documents/toolkit\\_leadschools\\_guide\\_3ts\\_leadschools.pdf](https://www.epa.gov/sites/production/files/2015-09/documents/toolkit_leadschools_guide_3ts_leadschools.pdf)).

DCYF requires annual water tests for home-based daycare facilities, but following initial licensure which requires “evidence that the program and water source are lead free or lead safe” (from [http://www.dcyf.ri.gov/docs/center\\_regs.pdf](http://www.dcyf.ri.gov/docs/center_regs.pdf)), lead testing is not part of the annual water testing unless significant modifications to the physical facilities have been made. That would trigger the need for another lead test.

Daycare centers are tested every other year, with one tap tested (the primary source of drinking water). A first-draw sample is collected, and then another after first draw, either after five minutes or when a noticeable temperature change occurs. (See [http://www.dcyf.ri.gov/questions/child\\_care\\_questions.php#limit](http://www.dcyf.ri.gov/questions/child_care_questions.php#limit) for information regarding the number of children allowed in homes and centers.)

Laura Brion: Need to review protocols used for sampling.

Bonnie Cassanit Brandt: First-draw sample without lead is considered lead free. Sample collected after flushing and without lead is considered lead safe.

Bonnie claimed RI Analytical was the only RI laboratory certified for lead analysis under Healthy Homes/DCYF, with 1 liter samples needed for analysis. Henry Leibovitz says that more RI labs are certified for lead analysis and should be available for use under those programs. This could help contain lead testing costs which are often high due to the need to mail to out-of-state labs. He recommended clarifying which labs are certified for lead.

[Alyson did some investigation and could not find any Master Price Agreements for lead testing in drinking water at the RI Division of Purchases website.]

School-based daycare centers (limited in number, but there are some): Lead certificate (lead safe or free) required by DCYF for childcare facilities used by children under the age of 6 (which should extend to kindergarten classes as well). All areas that are used by children under age 6 in schools or daycare areas are tested under DCYF license requirements. Adding preschool classes to many schools has overwhelmed the DCYF system, so some testing has been curtailed.

1998-2000 enforcement of lead sampling protocols in daycare facilities initiated – paper reports only available (mostly with meets-or-fails compliance – few actual lead values).

Since 2003, lead values from all daycares that have been inspected have been entered into an electronic database.

June Swallow: In 1990 every school (public and private) was assessed for lead from every bubbler (DOH coordinated). Those data are only in paper forms, single sample event for each school/bubbler.

Joe da Silva: It is important to note that communication will be critical when dealing with schools – and it can be complicated. Care and control of the school operation is under the purview of the school committee. But often the physical structures are owned by the municipality. Thus improvements needed to correct lead problems would need to go through both layers of bureaucracy.

Further, sampling would need to be done with permission from the schools (both at the superintendent (district) and principal (school) levels) by individuals who have passed BCI (to be present in the schools while children are present). Requires extra level of communication to be sure each school is aware. [Need to be aware of all of the LEAs – or local educational agencies in each town and work with them.]

Lead sampling containers needed: 1 liter for faucets, 250 ml for bubblers, usually acid-washed. Sample holding time without acidification = 14 days, acidified (HNO<sub>3</sub> to pH <2) extends holding time up to 6 months

<http://www.emsl.com/PDFDocuments/SamplingGuide/EPA%20samplingprocedures.pdf>

[Henry Leibovitz: DOH and other certified labs could analyze all samples needed over a year. Private labs would be fine and may be lower cost, as DOH lab fees are set in regulation.](#)

Pat Nolan: Is it true that doing a plumbing survey is useful as in the EPA 3T guidance? Can we prioritize schools in neighborhoods that already have some degree of lead contamination? We would need data on which neighborhoods show kids with reported elevated lead levels. Can we get that data with HIPPA protections?

School prioritization based on age may be appropriate (but according to da Silva the average of RI schools is 58 years old – meaning they were plumbed before lead pipes, solder, faucets or bubblers were banned). Materials survey may be helpful (nearing completion now – (<http://www.ride.ri.gov/Portals/0/Uploads/Documents/Funding-and-Finance-Wise-Investments/School-Facilities/School-Construction-Program/RIDE-Orientation-Meeting-Update.pdf>) for more specific prioritization.

Clay Commons: 2015 results – 5 schools exceeded lead action levels. In all cases, the exceedances were related to stagnant conditions (summer samples (2), janitor sink (2), seldom used science lab sink). Schools with automatic-flush toilets all met the lead standard. Installation of solenoid valves to flush water systems could mitigate stagnant conditions, reducing exceedances.

Schools/daycare centers on public water supplies that add treatment (filtration, etc.) become subject to public water supply rules, if they serve 25 people for 60 days or more.

Joe da Silva: Will check requirements for schools that found lead. Will also identify contact for school facility director's organization, David Conoyer, pres.

Pat Nolan: Should there be training for samplers?

Bob Bozikowski: Would need to sample Oct., Nov., and Dec. in order to prepare report by April.

Joe da Silva: Operation of each school is under the school committee. Need to involve them. Also involve Association of Public Charter Schools – often leased in older urban neighborhoods and move frequently.

Pat Nolan: Look at more triggers that would require more testing than once every three years, such as remodeling, etc. We should be putting forth plan to legislature that is practical.

### **Scope of work proposed:**



- Convene an advisory committee
- Compile data currently available
  - From DCYF
  - From Health
- Develop sampling plan to fill in spatial/temporal gaps
  - Who's to collect the samples?
  - Using what protocols?
  - Analyzed by which lab(s)?
  - Schools issues:
    - Training needed to allow schools to collect their own samples
    - BCI check process for others to collect samples at schools
    - Communication plan to both superintendents and individual schools
    - Current self-supplied schools already conduct regular lead tests and should be reported as compliant – need to get data
  - Daycare provider issues:
    - Can the current licensing structure be used to collect samples?
    - Can we work with the DCYF to add to this baseline testing protocol to their regular workshops to train daycare providers to collect their own samples?
  - Draft report due April 30, 2017; must be completed early enough to permit review by the technical group.

### **Next steps:**

- To be completed by the end of August:

- Determine RIDE and DCYF current monitoring requirements
- Determine what data are currently available, where they go, and in what formats are they stored/shared.
- Bonnie Cassani Brandt to contact DCYF
- Joe da Silva to contact RIDE
- Clay Commons to compile public water supply data
- URI to draft scope of work
- Mid/late September – next technical group meeting
- Late September – Legislative Advisory Commission (not part of this project) being convened

E-mail communication (Sep. 8, 2016) with Bonnie Cassani-Brandt to clarify:

**CassaniBrandt, Bonnie (DOH)** 10:14 AM (55 minutes ago) ☆    
to eherron, me, Barbara, Clayton ▾

Lisa or Elizabeth:

I would like to make a few corrections/clarifications to what I'm credited with contributing at the above meeting.

Unless a child care facility is certified as lead free, DCYF requires annual Certification of Lead Safe Status for all DCYF-licensed child care facilities. Child care centers are renewed annually; child care homes are renewed biennially. Water sample(s) are collected by a DOH-licensed lead inspector at the initial Comprehensive Environmental Lead Inspection (CELI). Water sampling is generally not repeated at the annual re-inspections for recertification of lead safe status unless significant modifications to the plumbing system have been made. Lead-free facilities generally are not re-inspected as those certificates don't expire.

Schools which include Kindergartens are licensed by RIDE. Day care centers, but not Kindergartens unless they're part of a pre-school or nursery school, are licensed by DCYF. Some day care centers are located in school buildings. DCYF requires only the area(s) which meet the definition of child care facility to be certified as lead free or lead safe. All CELIs and DOH lead certificates should be available at: <http://www.health.ri.gov/find/environmentallead/propertystatus/>. However, the current database was created in 2003. Previous inspection data (1993-2002) was "converted" to the existing database with few details. Since 2010, the private lead inspectors are supposed to enter the inspections and certificates into the database themselves. In addition, you may not be able to tell if a property is a day care center or day care home. A list of licensed child care providers is available at: [http://www.dcyf.ri.gov/child\\_care\\_listing.php](http://www.dcyf.ri.gov/child_care_listing.php).

Henry Leibovitz is correct. A list of labs certified to analyze drinking water is available at: <http://www.health.ri.gov/find/labs/analytical/#fee>. The certification must specifically identify lead as an authorized analyte.

I will try my best to attend your next meeting, but I can't respond to your doodle poll by tomorrow as I also have a doodle poll in the works for an advisory committee meeting for a project that I coordinate for the Asthma Control Program. Please let me know if you need anything further from me.

Bonnie Cassani-Brandt  
Environmental Lead Program Manager  
Center for Healthy Homes and Environment  
Division of Environmental Health  
RI Department of Health  
(t) [401-222-7784](tel:401-222-7784)  
(fax) [401-222-2456](tel:401-222-2456)/222-7759