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OSWER Directive #9200.4-27P
August 1998

MEMORANDUM: OSWER DIRECTIVE: CLARIFICATION TO THE 1994 REVISED INTERIM SOIL LEAD (Pb) GUIDANCE FOR CERCLA SITES AND RCRA CORRECTIVE ACTION FACILITIES

Office of Solid Waste and Emergency Response
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NOTICE

This document provides guidance to EPA staff. It also provides guidance to the public and to the regulated community on how EPA intends to exercise its discretion in implementing the National Contingency Plan. The guidance is designed to implement national policy on these issues. The document does not, however, substitute for EPA's statutes or regulations, nor is it a regulation itself. Thus, it cannot impose legally-binding requirements on EPA, States, or the regulated community, and may not apply to a particular situation based upon the circumstances. EPA may change this guidance in the future, as appropriate.

MEMORANDUM

SUBJECT: Clarification to the 1994 Revised Interim Soil Lead Guidance for CERCLA Sites and RCRA Corrective Action Facilities

FROM: Timothy Fields, Jr.
Acting Assistant Administrator

TO: Regional Administrators I-X

PURPOSE

This directive clarifies the existing 1994 Revised Interim Soil Lead Guidance for CERCLA Sites and RCRA Corrective Action Facilities, OSWER Directive 9355.4-12. Specifically, this directive clarifies OSWER's policy on (1) using EPA's Science Advisory Board (SAB) reviewed Integrated Exposure Uptake Biokinetic Model (IEUBK) and blood lead studies, (2) determining the geographic area to use in evaluating human exposure to lead contamination ("exposure units"), (3) addressing multimedia lead contamination and (4) determining appropriate response actions at lead sites. The purpose for clarifying the existing 1994 directive is to promote national consistency in decision-making at CERCLA and RCRA lead sites across the country.

BACKGROUND

OSWER Directive 9355.4-12, issued on July 14, 1994 established OSWER's current approach to addressing lead in soil at CERCLA and RCRA sites. The existing directive established a streamlined approach for determining protective levels for lead in soil at CERCLA sites and RCRA facilities as follows:

- It recommends a 400 ppm screening level for lead in soil at residential properties;
- It describes how to develop site-specific preliminary remediation goals (PRGs) at CERCLA sites and media cleanup standards at RCRA Corrective Action facilities for residential land use; and,
- It describes a strategy for management of lead contamination at CERCLA sites and RCRA Corrective Action facilities that have multiple sources of lead.

The existing interim directive provides direction regarding risk assessment and risk management approaches for addressing soil lead contaminated sites. The OSWER directive states that, " ... implementation of this guidance is expected to provide more consistent decisions across the country ..." However, since that directive was released, OSWER determined that clarification of the guidance is needed. Key areas being clarified by issuance of this directive include: (1) using the IEUBK model and blood lead studies, (2) determining exposure units to be considered in evaluating risk and developing risk management strategies, (3) addressing multimedia lead contamination and (4) determining appropriate response actions at residential lead sites. The existing directive provides the following guidance on these areas:

1. The OSWER directive recommends using the Integrated Exposure Uptake Biokinetic (IEUBK) Model for Lead in Children (Pub. # 9285.7-15-1, PB93-963510) for setting site-specific residential preliminary risk-based remediation goals (PRGs) at CERCLA sites and media cleanup standards (MCSs) at RCRA corrective actions Facilities. The directive states that the IEUBK model is the best tool currently available for predicting the potential blood lead levels of children exposed to lead in the environment. OSWER's directive also recommends the evaluation of blood lead data, where available, and states that well-conducted blood lead studies provide useful information to site managers. The directive however recommends that "... blood lead data not be used <u>alone</u> to assess risk from lead exposure or to develop soil lead cleanup levels."

2. The directive describes OSWER's risk reduction goal as "...generally, OSWER will attempt to limit exposure to soil lead levels such that a typical (or hypothetical) child or group of similarly exposed children would have an estimated risk of no more than 5% of exceeding a 10 ug/dl blood lead level." The directive also states that "... EPA recommends that a soil lead concentration be determined so that a typical child or group of children exposed to lead at this level would have an estimated risk of no more than 5% of exceeding a blood lead of 10 ug/dl." OSWER generally defines an exposure unit as a geographic area where exposures occur to the receptor of concern during the time of interest and believes that for a child or group of similarly exposed children, this is typically the individual residence and other areas where routine exposures are occurring.

3. The directive recommends that risk managers assess the contribution of multiple environmental sources of lead to overall lead exposure (e.g., consideration of the importance of soil lead levels relative to lead from drinking water, paint, and household dust) which promotes development of risk reduction strategies that address all sources that contribute significantly to exposure.

4. The OSWER directive states that the IEUBK model is not the only factor to be considered in establishing lead cleanup goals. Rather, the IEUBK model is the primary risk assessment tool available for evaluating lead risk and the results of the model are used to guide selection of appropriate risk management strategies for each site.

Since the OSWER directive was issued in 1994, there has been a trend toward a more consistent approach to managing risk at residential lead sites, however, OSWER was interested in identifying areas requiring additional clarification to facilitate more effective implementation of the directive. As a first step in the process, meetings were held with various EPA Regions, States and local governments to discuss how the directive has been implemented nationally at lead sites since 1994. By participating in these meetings and by reviewing the decisions that are being made across the country, OSWER believed that clarification of certain aspects of the 1994 directive would be useful.

All of the documents and guidance referenced in this directive are available through the National Technical Information Service (NTIS) at 703-605-6000 or could be downloaded electronically from: http//epa.gov/superfund/oerr/ini_prod/lead/prods.htm.

OBJECTIVE

At lead contaminated residential sites, OSWER seeks assurance that the health of the most susceptible population (children and women of child bearing age) is protected and promotes a program that proactively assesses and addresses risk. OSWER believes that predictive tools should be used to evaluate the risk of lead exposure, and that cleanup actions should be designed to address both current and potential future risk.

While health studies, surveys, and monitoring can be valuable in identifying current exposures and promoting improved public health, they are not definitive tools in evaluating potential risk from exposure to environmental contaminants. In the case of lead exposure, blood lead monitoring programs can be of critical importance in identifying individuals experiencing potential negative health outcomes and directing education and intervention resources to address those risks. However, CERCLA §121(b) requires EPA to select cleanup approaches that are protective of human health and the environment and that utilize permanent solutions to the maximum extent practicable. To comply with the requirements set forth in CERCLA § 121(b), OSWER will generally require selection of cleanup programs that are proactive in mitigating risk and that do not simply rely on biological monitoring programs to determine if an exposure has already occurred.

To meet these objectives, OSWER will seek actions that limit exposure to soil lead levels such that a typical child or group of similarly exposed children would have an estimated risk of no more than 5% of exceeding a 10 µg/dl blood lead level. If lead is predicted to pose a risk to the susceptible population, OSWER recommends that actions be taken to significantly minimize or eliminate this exposure to lead.

The principles laid out in the **four attached fact sheets** (Appendix) support OSWER's goals by encouraging appropriate assessment and response actions at CERCLA and RCRA lead sites across the country.

This clarification directive emphasizes the following key messages regarding the four areas and encourages the users of this directive, be they EPA Regions, States, or other stakeholders, to adopt these principles in assessing and managing CERCLA and RCRA lead sites across the country. The critical elements of the attached papers are as follows:

I. Using Blood Lead Studies and IEUBK Model at Lead Sites:

OSWER emphasizes the use of the IEUBK Model for estimating risks for childhood lead exposure from a number of sources, such as soils, dust, air, water, and other sources to predict blood lead levels in children 6 months to 84 (7 years) months old. The 1994 directive also recommended evaluation of available blood lead data and stated that data from a well-conducted blood lead study of children could provide useful information to site managers. In summary, OSWER's clarification policy on the appropriate use of the IEUBK and blood lead studies is that:

- OSWER recommends that the IEUBK model be used as the primary tool to generate risk-based soil cleanup levels at lead sites for current or future residential land use. If Regions propose an alternative method for generating cleanup levels, they are required to submit their approach to the national Lead Sites Consultation Group (LSCG)[1] for review and comment ;

- Response actions can be taken using IEUBK predictions alone; blood lead studies are not required; and

- Blood lead studies and surveys are useful tools at lead sites and can be used to identify key site-specific exposure pathways and to direct health professionals to individuals needing immediate assistance in minimizing lead exposure; however, OSWER recommends that blood lead studies not be used for establishing long-term remedial or non-time-critical removal cleanup levels at lead sites.

II. Determining Exposure and Remediation Units at Lead Sites

OSWER recommends that cleanup levels at lead sites be designed to reduce risk to a typical or individual child receiving exposures at the residence to meet Agency guidelines (*i.e.*, no greaterthan a 5% chance of exceeding a 10 ug/dl blood-lead level for a full-time child resident). Therefore, it is recommended that risk assessments conducted at lead-contaminated residential sites use the individual residence as the primary exposure unit of concern. This does not mean that a risk assessment should be conducted for every yard, rather that the soil lead contamination

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[1]The Lead Sites Consultation Group (LSCG) is comprised of senior management representatives from the Waste Management Divisions in all 10 EPA regions along with senior representatives from the Office of Emergency and Remedial Response in EPA headquarters. The LSCG is supported by EPA's Technical Review Workgroup (TRW) for lead and the national Lead Sites Workgroup (LSW). The TRW consists of key scientific experts in lead risk assessment from various EPA Regions, labs and headquarters. The LSW is comprised of senior Regional Project Managers from various Regions and key representatives from headquarters who are experienced in addressing lead threats at Superfund sites.

data from yards and other residential media (for example, interior dust and drinking water) should be input into the IEUBK model to provide a preliminary remediation goal (PRG) for the residential setting. When applicable, potential exposure to accessible site-related lead sources outside the residential setting should also be evaluated to understand how these other potential exposures contribute to the overall risk to children, and to suggest appropriate cleanup measures for those areas.

III. Addressing Multimedia Contamination at Lead Sites

EPA generally has limited legal authority to use Superfund to address exposure from **interior lead-based paint**. As a policy matter, OSWER recommends that such exposures not be addressed through actual abatement activities. However, EPA Regions should promote addressing interior paint risks through actions by others (e.g., potentially responsible parties (PRPs), other government programs, etc.) as a component of an overall site management strategy. Because of other competing demands on the Superfund Trust Fund, OSWER recommends that EPA Regions avoid using the Superfund Trust Fund for removing **exterior lead-based paint** and soil contaminated from lead-based paint. Superfund dollars *may* however be used in limited circumstances to remediate exterior lead-based paint in order to protect the overall site remedy (i.e., to avoid re-contamination of soils that have been remediated) but generally only after determining that other funding sources are unavailable. As with interior lead-based paint abatement, EPA Regions should promote remediation of exterior lead-based paint by others, such as PRPs, local governments or individual homeowners.

IV. Determining Appropriate Response Actions at Lead Sites

In selecting site management strategies, it is OSWER's preference to seek early risk reduction with a combination of engineering controls (actions which permanently remove or treat contaminants, or create reliable barriers to mitigate the risk of exposure) and non-engineering response actions. All potential lead sources should be identified in site assessment activities. Non-engineering response actions, such as education and health intervention programs, should be considered an integral part of early risk reduction efforts because of their potential to provide immediate health benefits. In addition, engineering controls should be implemented early at sites presenting the greatest risk to children and other susceptible subpopulations.

As a given project progresses, OSWER's goal should be to reduce the reliance on education and intervention programs to mitigate risk. The goal should be cleanup strategies that move away from reliance on long-term changes in community behavior to be protective since behavioral changes may be difficult to maintain over time. The actual remedy selected at each CERCLA site must be determined by application of the National Oil and Hazardous Substances Pollution Contingency Plan (NCP) (55 FR 8666- 8865, March 8, 1990) remedy selection criteria to site-specific circumstances. This approach also recognizes the NCP preference for permanent remedies and emphasizes selection of engineering over non-engineering remedies for long-term response actions.

This directive clarifies OSWER's policy on four key issue areas addressed in the 1994 OSWER soil lead directive in order to promote a nationally consistent decision-making process for assessing and managing risks associated with lead contaminated sites across the country. The policy presented in these specific issue areas supersedes all existing OSWER policy and directives on these subjects. No other aspects of the existing 1994 directive are affected.

IMPLEMENTATION

The principles laid out in this directive (which includes the four attached factsheets) are meant to apply to all residential lead sites currently being evaluated through the CERCLA Remedial Investigation/Feasibility Study process and all future CERCLA Sites and RCRA Corrective Action Facilities contaminated with lead. The Regions will be required to submit their rationale for deviating from the policies laid out in this directive to the Lead Sites Consultation Group. This directive does not apply to previous remedy selection decisions.

Attachments

cc: Waste Management Policy Managers (Regions I-X)
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James Woolford, FFRRO
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Appendix
OSWER Directive # 9200.4-27P
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Factsheet: Using the IEUBK Model and Blood Lead Studies at Residential Lead Sites

Question: What is OSWER's policy on using the IEUBK model and blood-lead studies in conducting risk assessments and setting cleanup standards at residential lead contamination sites?

Answer: OSWER's policy on using the IEUBK model and blood-lead studies in conducting risk assessment and setting cleanup standards is as follows:

A. Use of the IEUBK Model:

1. The IEUBK model is a good predictor of potential long-term blood-lead levels for children in residential settings. OSWER recommends that the IEUBK model be used as the primary tool to generate risk-based soil cleanup levels at lead sites for current or future residential land use. If Regions propose an alternative method for generating cleanup levels, they are required to submit their approach to the National Lead Sites Consultation Group (LSCG) for review and comment.

2. Blood-lead distributions predicted by the IEUBK model illustrate a plausible range of variability in children's physiology, behavior, and household conditions.

3. Response actions can be taken, and remedial goals developed, using IEUBK predictions alone.

B. Use of Blood-Lead Studies/Data:

1. Blood-lead studies, surveys, and monitoring are useful tools at lead sites and can be used to help identify key site-specific exposure pathways and direct health professionals to individuals needing immediate assistance in minimizing lead exposure.

2. The utility of blood lead testing results and studies depends on how representative the information is of the population being evaluated, the design of the data collection, and the quality of the laboratory analysis. To this end, OSWER recommends that EPA Regions consult with ATSDR or CDC to assess or design studies according to their intended use.

3. Many blood-lead screening, monitoring, or testing programs differ from blood lead studies in that they do not attempt to identify risk factors for childhood exposure to lead sources. Although these programs may be extremely beneficial in identifying children with elevated blood lead levels and identifying candidates for referral to medical professionals for evaluation, they may not provide an accurate representation of community-wide exposure.

4. Well-designed blood lead studies may be used to identify site specific factors and pathways to be considered in applying the IEUBK model at residential lead sites. However, OSWER recommends that blood-lead studies not be used to determine future long-term risk where exposure conditions are expected to change over time; rather, they should be considered a snapshot of ongoing exposure under a specific set of circumstances (including community awareness and education) at a specific time. Long-term studies may be helpful in understanding exposure trends within a community and evaluating the effectiveness of cleanup strategies over time.

C. IEUBK and Blood-Lead Studies/Data:

1. Blood-lead data and IEUBK model predictions are expected to show a general concordance for most sites. However, some deviations between measured and predicted levels are expected. On some occasions, declines in blood-lead levels have been observed in association with lead exposure-reduction and health education. However, long-term cleanup goals should be protective in the absence of changes in community behavior as there is little evidence of the sustained effectiveness of these education/intervention programs over long periods of time.

2. Where actual blood-lead data varies significantly from IEUBK Model predictions, the model parameters should not automatically be changed. In such a case, the issue should be raised to the Lead Technical Review Workgroup (TRW) to further identify the source of those differences. Site work need not be put on hold while the issue is being reviewed by the TRW; the site manager should review other elements of the lead directive and the "Removal Actions at Lead Sites" guidance to determine appropriate interim actions to be taken at the site.

The Regions will be required to submit their rationale for deviating from the policies laid out in this factsheet to the Lead Sites Consultation Group.

Appendix
OSWER Directive # 9200.4-27P
August 1998

Factsheet: Determining Exposure and Remediation Units at Residential Lead Sites

Question: How does OSWER define an exposure unit, and subsequently apply this definition in conducting risk assessment and risk management activities at residential lead sites?

Answer: OSWER recognizes that defining and characterizing exposure unit(s) for a site is critically important in undertaking risk assessment activities and in designing protective cleanup strategies. An **exposure unit** is defined as a geographic area where exposures occur to the receptor of concern during the time of interest and that for a child, or group of similarly exposed children, this is typically the individual residence and other areas where chronic or ongoing exposures are occurring.

Various approaches to characterizing and managing risks by exposure units have been examined by OSWER. OSWER recognizes that lead ingestion can also cause adverse health effects in adults and fetuses but believes that by adequately limiting lead exposures to young children at residential sites, these other receptors will generally be likewise protected from adverse health impacts.

EPA's goal is to protect human health and the environment under current and future exposure scenarios. At lead sites, OSWER wants to assure that children's health is protected and promotes a program that proactively assesses risks rather than relying on biological monitoring to determine if an exposure has already occurred. OSWER emphasizes actions be taken at lead sites that will minimize or eliminate exposure of children to environmental lead contamination.

To achieve the above stated goal, OSWER recommends characterizing **exposure units as exposure potential at the individual residence as the primary unit of concern for evaluating potential risk at lead contaminated residential sites.** This recognizes that there are children whose domain and activities occur principally within the confines of a particular residential property. For determining exposure potential (and ultimately developing protective cleanup levels) at the individual home, OSWER recommends the scenario to be evaluated (through use of the IEUBK Model) would be a young child in full-time residence. This approach helps achieve OSWER's recommended health protection goal that an individual child or group of similarly exposed children would have <5% chance of exceeding a blood-lead concentration of 10 ug/dl. In designing community wide cleanup strategies, it is essential that non-residential areas (e.g., parks, day care facilities, playgrounds, etc.), where lead exposure may occur, also be characterized with respect to their contribution to soil-lead exposure, and appropriate cleanup actions implemented.

OSWER recommends that risk management decisions for response to residential lead contamination sites focus on reducing risk at residences, but also recommends that response strategies be developed for other site locations (exposure units) where children receive exposure. Flexibility in determining appropriate response actions that provide protection at the individual residence should be considered in context of the NCP remedy selection criteria. The lead exposure issues are complex and OSWER recommends that EPA Regions try to communicate clearly the risk characterization and risk management decisions to the site residents. Affected communities must clearly understand the context of risk management decisions, how these decisions affect the health of their children, and how cleanup actions will influence the future growth and development of the community.

The Regions will be required to submit their rationale for deviating from the policies laid out in this factsheet to the Lead Sites Consultation Group.

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Factsheet: Addressing Multimedia Contamination at Residential Lead Sites

Question: What is OSWER's policy on addressing multimedia contamination at residential lead sites?

Answer: OSWER recognizes that several sources of lead-contamination, including soil, ground water, airborne particulates, lead plumbing, interior dust, and interior and exterior lead-based paint may be present at Superfund sites where children are at risk or have documented lead exposure. These lead sources may contribute to elevated blood-lead levels and may need to be evaluated in determining risks and cleanup actions at residential lead sites. However, there are limitations on the Agency's statutory authority under CERCLA to abate some of these sources, such as indoor lead-based paint and lead plumbing because CERCLA responses may be taken only to releases or threatened releases into the environment (CERCLA §104 (a)(3) and (4)).

When EPA's resources, or authority to respond or to expend monies under Superfund is limited, OSWER recommends that EPA Regions identify and coordinate to the greatest extent possible with other authorities and funding sources (e.g., other federal agencies and state or local programs). EPA Regions should coordinate with these other authorities to design a comprehensive, cost-effective response strategy that addresses as many sources of lead as practicable. These strategies should include actions to respond to lead-based paint, interior dust, and lead plumbing, as well as ground water sources and lead-contaminated soil.

Although OSWER will encourage that EPA Regions fully cooperate in the development of a comprehensive site management strategy, OSWER realizes that complete active cleanup of these other sources may be difficult to complete due to limited funding available to other authorities. Since complete cleanups of these sources is not guaranteed, and at most sites may be unlikely, OSWER recommends that the soil cleanup levels not be compromised. In other words, the soil cleanup levels should be calculated with the IEUBK model using existing pre-response action site specific data. This is due to the fact that soil cleanup levels at residential lead sites are generally established to protect individuals, from excess exposures to soils, and house dust attributable to those soils, and are not attributable to exposure to other sources such as interior lead paint which should be managed on a residence specific basis. Remediation of non-soil lead sources to mitigate overall lead exposure at individual residences should therefore not be used to modify sitewide soil lead cleanup levels.

The recommendations provided below represent OSWER's policy on addressing lead-contaminated media and/or sources for which EPA has limited or no authority to remediate.

Interior Paint: EPA has limited legal authority to use Superfund to address exposure from interior lead-based paint. ,As a policy matter, OSWER recommends that such exposures not be addressed through actual abatement activities. However, EPA Regions should promote addressing interior paint risks through actions by others, such as HUD, local governments, or individual home owners as a component of an overall site management strategy. Any activities to clean up interior lead-based paint by PRPs or other parties should not result in an increase of the risk-based soil cleanup levels.

Exterior Paint: Because of other competing demands on the Superfund Trust Fund, OSWER recommends that EPA Regions avoid using the Superfund Trust Fund for removing exterior lead-based paint and soil contaminated from lead-based paint. Superfund dollars *may* be used to respond to exterior lead-based paint for protecting the overall site remedy (i.e., to prevent re-contamination of soils that have been remediated) but only after determining that other funding sources are unavailable. Where other sources of funding are not available, EPA may utilize the CERCLA monies to remediate exterior lead-based paint on homes/buildings, around which soil contaminated by other sources has been cleaned up to prevent recontamination of the soil. The Superfund should not be used to remediate exterior lead-based paint where no soil cleanup has occurred. As with interior lead-based paint abatement, EPA Regions should promote remediation of exterior lead-based paint by others, such as PRPs, local governments or individual homeowners. Cleanup activities of exterior paint conducted by PRPs or other parties should not result in an increase of the risk-based soil cleanup levels.

Interior Dust: Lead contaminated interior dust can be derived from several sources, including interior paint, home owner hobbies, exterior soil, and other exterior sources. In many cases, it may be difficult to differentiate the source(s) for the lead contamination in the dust. In general, EPA Regions should refrain from using the Superfund Trust Fund to remediate interior dust. Because of the multi-source aspects of interior dust contamination, potential for recontamination, and the need for a continuing effort to manage interior dust exposure, OSWER recommends the use of an aggressive health education program to address interior dust exposure. Such programs, administered through the local health department (or other local agency), should be implemented in conjunction with actions to control the dust source. At a minimum, the program should include blood-lead monitoring, and personal hygiene and good housekeeping education for the residents. OSWER believes that EPA Regions can also support the program by providing HEPA vacuums to the health agency for use in thoroughly cleaning home interiors.

Lead Plumbing: Generally CERCLA does not provide for legal authority to respond to risks posed by lead plumbing within residential dwellings. It should be noted that the water purveyor is responsible for providing clean water to the residences. As with interior dust, OSWER recommends that EPA Regions coordinate with local agencies to establish a health education program to inform residents of the hazards associated with lead plumbing and how to protect themselves by regularly flushing, or preferably, replacing lead pipes. Soil cleanup levels should not be adjusted to account for possible remediation of lead plumbing.

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Factsheet: Determining Appropriate Response Actions at Residential Lead Sites

Question: What is OSWER's position on the appropriate use of engineering and non-engineering response actions in developing risk management strategies for lead sites?

Answer: One goal emphasized in the recent third round of Superfund Reforms is for EPA to take a consistent approach in selecting and implementing both long- and short-term response actions at lead sites in all regions. One obstacle to achieving this consistency has been differing degrees of reliance on non-engineering response actions in reducing risk.

Site management strategies at lead sites typically include a range of response actions. Alternatives range from engineering controls that permanently remove or treat the contaminant source to non-engineering response actions, such as educational programs and land use restrictions. This continuum represents the range of response options available to risk managers. This position paper clarifies the relationship between engineering and non-engineering response actions in developing site management strategies.

In selecting site management strategies, OSWER's policy will be to seek early risk reduction with a combination of engineering controls (actions which permanently remove or treat contaminants, or which create reliable barriers to mitigate the risk of exposure) and non-engineering response actions. All potential lead sources should be identified in site assessment activities. Non-engineering response actions, such as education and health intervention programs, should be considered an integral part of early risk reduction efforts due to their potential to provide immediate health benefits.[2] In addition, engineering controls should be implemented early at sites presenting the greatest risk to children and other susceptible subpopulations. Community concerns should receive a high priority in site decision-making; local support is vital to the success of health intervention and education programs.

As the project progresses, OSWER's goal should be to reduce reliance on education and intervention programs to mitigate risk. The goal should be cleanup strategies that move away from reliance on long-term changes in community behavior to be protective; behavioral changes

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[2]The actual effectiveness of health intervention and educational programs in reducing risk continues to be a subject of discussion. Anecdotal information suggests that such programs can provide short-term benefits in some populations. Rigorous statistical studies demonstrating the benefits of educational programs in preventing lead exposure are lacking. It is generally recognized that not all segments of the population will be influenced by such programs, and that long-term benefits are less certain. Local support for such programs is critical. The active (and long-term) participation of local and state public health agencies is needed in implementing institutional controls, including health intervention and education programs; without local implementation of such programs their success is uncertain. Additional research on the effectiveness of these programs is critical to consideration of their use in future cleanups.

may be difficult to maintain over time. The actual remedy selected at each site must be determined by application of the NCP remedy selection criteria to site-specific circumstances. However, this approach recognizes the NCP preference for permanent remedies and emphasizes the use of engineering controls for long-term response actions. This approach also recognizes that well-designed health intervention and education programs, when combined with deed restrictions and/or other institutional controls, may be appropriate for reducing future exposure potential and may supplement engineering controls.

In instances where Regions believe that the use of engineering controls is impracticable, and education, health intervention, or institutional controls are proposed as the sole remedy, Regions will be required to consult with the LSCG.