Lead Hazard Policy

Summary

To ensure the safety of residents and staff from lead. Particular focus on higher risk caused by pica.

Control information:	Control detail:
Owner	Director of Property Safety & Compliance
Author	Director of Property Safety & Compliance
Sponsor	Chief Operating Officer
Consulted	H&S Manager; Director of Property Maintenance
Approved by	Building Safety Oversight Group
Responsible area	Property Safety
Version	1.0
Approval date	15 April 2026
Effective date	19 June 2026
Date of last 'soft' (operational) review	17 March 2026
Full 'hard' (strategic) review period	3 years
Date of next full 'hard' review	01 March 2029
EIA completion date	12 May 2026
DPIA assessment date	25 August 2026

Reporting requirements	Potential or actual lead exposure should be reported as a H&S incident on Evotix or any replacement system.
Applicable statutory, legal or best practice requirements	Housing Act, Health and Safety at Work Act.
Link to Curo Strategy	Quality Homes
Published	
Keywords	Lead, pica
Related information	Lead Sampling in The Home Lead Poisoning Environmental Checklist Lead Paint in the Home (withdrawn govt leaflet but information still current) Lead: information for the public - GOV.UK HSE guidance public health guidelines

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1. Updates to this policy

1.1. Initial Version.

2. Introduction

2.1. Lead is a hazard under the HHSRS framework. It is also a workplace hazard. We have recently (early 2026) had a series of cases relating to elevated blood levels of lead in children living in Curo properties. In some cases this is associated with a condition called pica which increases the risk of lead poisoning. We therefore are creating a specific policy and framework for handling this hazard.

3. Scope

3.1. Curo homes and residents, Curo colleagues, Curo contractors. Public Health bodies, NHS and Local Authorities.

4. Definitions

4.1. **Elevated Lead Levels**: Above public health guidelines for the UK. The level is different for adults and children.

4.2. **Pica**: Compulsive consumption on non-food items. Often includes paintwork or soil, both of which may contain levels of lead that are usually not dangerous as not consumed.

5. Responsibilities

5.1. **Director of Property Safety and Compliance**: Policy owner

5.2. **Director of Property Maintenance**: Property remediation owner

5.3. **Health and Safety Manager:** Colleague and contractor safety; incident recording; liaison with insurers

5.4. **Property Safety Supervisor (Asbestos, Water, Radon):** Undertake risk assessments as required.

5.5. **Voids Manager:** Ensure empty homes paintwork is encapsulated ore removed as required.

5.6. **Lettings Manager:** Ensure any household likely requiring further reasonable adjustments is flagged.

6. Aims

6.1. To ensure that lead is not a hazard to residents in their home, particularly children. We will do this by following UK government guidance.

6.2. To ensure additional reasonable adjustments are made where required if any household member is higher risk for lead exposure. This includes a diagnosis of pica coupled with active pica behaviour. These adjustments will include consideration outside space as well as in the home as soil may contain lead and also be eaten by pica sufferers.

6.3. To ensure the safety of colleagues and contractors in line with HSE guidance.

6.4. In most cases internal paintwork is the main potential exposure pathway as described in UKHSA document ‘Lead Sampling in the Home’.

Flaking paint, paint chips and powdered paint are major sources of lead exposure in young children. If the paint is in good condition or the property has been redecorated, then the lead should be sealed in and there should not be an exposure pathway. Exposure is only likely if the paint is deliberately exposed during renovation, or the paint is flaking, or through children picking at it.

6.5. A similar point is made in UK government guidance Lead: information for the public - GOV.UK

Most cases of lead poisoning in children are caused by the consumption of paint containing lead; generally due to compulsive eating of non-food items known as pica. Paint may flake due to damp or wear, or the child may chew wood or metal painted surfaces.

An indication of the presence of paint containing lead includes multiple coats of paint in properties built before 1970, although in some properties leaded paint can be found from the very early 1990s. If the paint is in good condition or the property has been redecorated, then the lead should be sealed in and there should not be an exposure pathway unless your child has pica. Exposure is only likely if the paint is deliberately removed or sanded during redecoration.

7. Mitigating Actions

7.1. At void: ensure paintwork in any property decorated before 1992 (when all lead additives in paint were banned) is either in good condition or encapsulated with a hard wearing coating. Ensure colleagues and contractors understand how to work safely with old paint and are using the correct PPE and decontamination procedures.

7.2. At letting: Provide residents with general information on lead in paint, so they are informed before undertaking any redecoration. If advised of any higher risk (based on experience to date likely to be a diagnosis of pica in a child) undertake a lead/pica risk assessment prior to occupation and consider any further reasonable adjustments. RA attached as appendix A.

7.3. During tenancy: If advised of a higher risk resident (eg pica sufferer) undertake a lead/pica risk assessment prior to occupation and consider any reasonable adjustments. RA attached as appendix A.

7.4. As lead is an HHSRS hazard, we will apply the same timescales/hazard severity to new notifications as defined in Awaab's Law. We will also be

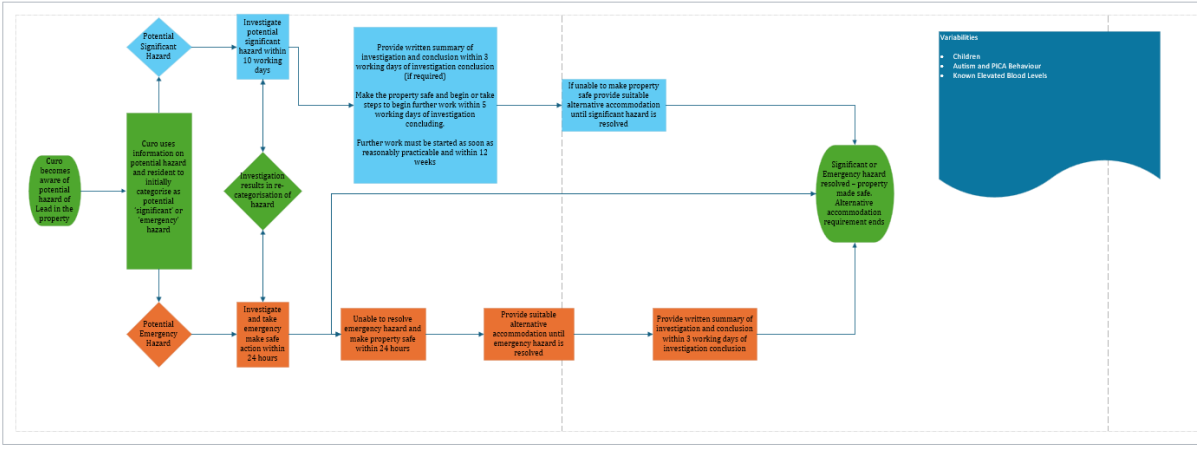
mindful that a category 1 hazard would be a breach of the housing act. Note that there is very little guidance in the HHSRS framework on what a cat 1 hazard would be but lead levels above actionable public health thresholds with an exposure pathway should be considered a clear benchmark for action.

8. Lead Poisoning Referral from UKHSA / Action Following Risk Assessment

8.1. As a test above acceptable public health levels is notifiable, we may be contacted by UKHSA to investigate, as the home is a common source of lead. This is mostly in old paint but sometimes in water pipes, possessions, food items or soil.

8.2. We may also decide further action is required as a result of our own risk assessment, including the appropriate and timely escalation of occurrences. Routine cases and associated actions will be reported to, overseen and closed by Curo's Building Safety Oversight Group (BSOG). Where BSOG identify cases that are likely to, or do result in, a significant insurance claim and/or highlight detrimental process failings, the case will be escalated to Curo's Audit and Assurance Committee for additional scrutiny via our reportable events management process.

8.3. Lead is a hazard under HHSRS so should be treated appropriately. The framework currently in place for damp and mould under Awaab's will be used.



8.4. Action will consist of:

- Non-food items ingestion risk assessment if referral is for a child with Pica or similar. RA to be done by property safety if not already complete.

- Lead testing of risk areas identified in property via specialist contractor.
- Soil testing of any garden front or rear, using soilsafe kits.
- Lead testing of water supply via specialist contractor/supplier.
- Ensure H&S manager is informed as may need to refer to insurance/consider colleague safety in the property as well.
- Depending on test results, remediation may vary. Minimum requirement for any paintwork providing an exposure pathway is encapsulation if no pica in household, if pica then removal required.
- Garden access may need to be restricted/secured if pica in household and tests are high for lead. Small areas can be paved and gated to prevent soil access.
- Remediation work to be undertaken via the DLO D&M team / fencing team for outside.
- Test results to be shared with UKHSA as required.
- If there are no claims or other action from parents/ LA test results also to be shared freely with them. Any action in progress seek legal advice before sharing any detailed information as may need to go via solicitors.

If someone suspects they are suffering from lead poisoning they should get a test via their GP. Levels above acceptable public health thresholds should trigger assessment of any exposure pathways in the home.

9. Appendix A - Eating Non-Food Items Risk Assessment (likely Pica)

Also xylophagia; any other similar condition.

Refer to UKHSA Lead Poisoning Environmental Sampling Visit Checklist for other lead sources to investigate during visit.

Assumption: person affected will be a minor in a general needs household.

9.1. Confirmation of Individual having condition:

We require a specific medical diagnosis from a medical expert for the individual confirming pica before undertaking this risk assessment.

This condition should not be confused with small children putting things in their mouths, including sometimes swallowing them.

Pica is often associated with severe autism.

9.2. Level of risk behaviour and next steps

a) If a diagnosis has been made, but no current pattern (6 months) of ingesting non-food items:

Parents to advise of any change but not further action.

b) If at least one non-food item or type of items have been consumed in last 6 months including potentially choking, spitting it out or passed in stool

Undertake a risk assessment of the home and garden to consider reasonable adjustments that could be made.

9.3. Potential risk factors in the home

This should be informed by the type of non-food item(s) consumed. Lead poisoning is commonly associated with pica due to eating older paintwork so this should always be considered.

Parental supervision must always be the default control.

Reasonable adjustments can be offered but we cannot offer a 'pica-safe' specialist housing environment. A DFG grant may also be something that support services can assist with if there are larger changes requested/required.

Assume accessible height of 1.5m on the basis that the affected person is a minor.

Risk assessment should be completed with the parents, as they will have the best knowledge of the child's behaviour and likely risks.

9.4. Risks To Review

a. Garden – plant toxicity
b. Garden – soil esp any contamination (metals, animal faeces, rubbish/debris) – soilsafe metals assessment composite test to be made.
c. Garden – fencing/walling
d. Indoors – paintwork especially to wood – consider: condition; age if known; depth of layers; age of property. Lead sampling to be undertaken where suspect paintwork in poor condition.
e. Indoors – asbestos even if encapsulated/manage in situ and good condition.
f. Electrical cables/consumer unit within reach
g. Gas pipes within reach
h. Indoors: kitchen: lockable cupboard for sharps
i. Flooring – ensure any flooring is well fixed
j. Pipework, esp radiator pipework
k. Storage of common cleaning materials
l. Storage of any other hazardous substance eg medicines
m. Any household component in list of items commonly ingested by individual that is not covered in list, or is referred to on UKHSA *Lead Poisoning Environmental Sampling Visit Checklist*.
n. Water supply – can be tested by provider.

9.5. Risk assessment needs to consider if a significant or emergency hazard is present in line with Awaabs' Law. Also consider if a category 1 hazard is present as per standard HHSRS. Blood testing returning lead above acceptable public health levels should be deemed a potential cat 1 hazard needing assessment and remediation if there are exposure pathways in the home.

9.6. Ongoing mitigation: Ensure a level of awareness for colleagues and contractors entering the home – secure all tools / materials that are not in the hand. Work with residents (likely parents) to secure work area from the pica person. Set risk flag on QL (rent account warning category to be created). Ensure toolbox talks cover pica and lead.

10. Appendix B – UKHSA Lead Poisoning Environmental Sampling Visit Checklist

Note: This should be used in conjunction with the lead questionnaire and any areas that were identified as part of this.

Date of visit:	
Name of case:	
HP zone number:	
CIRIS number:	
Checklist completed by:	

Actions	**Comments**
Regarding sampling of paint, familiarise yourself with pages 1-4 of WHO guidance prior to visit and consider any risk assessments: https://www.who.int/publications/i/item/9789240006058	
EHOs typically lead with the physical act of sampling. Before the visit confirm who is bringing tools to take samples (Stanley knife/scraper, sample bags, tags, camera) and ensure there is mutual understanding regarding who will pay for sampling. Sampling may be paid for by the Local Authority or the homeowner depending on the circumstances.	
Family may be nervous/apprehensive about the visit. On arrival re-assure family on reasons for visit and	

Actions	Comments
HPT role. Use positive words such as ‘support’, ‘help’. Be mindful of neurodiversity and that some adults may interpret language and words differently to ourselves.	
Check where case spends most of their time (internal and external). Inspect these areas thoroughly- look under case’s bed and in room corners.	
If the house is an older one, check if it is in the process of being decorating, remodelling, or renovating an older home.	
Check for areas of visibly peeling/flaking paint, wallpaper (paint on back) or plaster (paint on front of it). Take photographs.	
Check door frames, window frames, skirting boards, stairs, banisters, and other areas for bite marks/damage. Take photographs.	
When sampling paint there may be several layers. Ensure to sample right back to the base layer of paint on top of the wood/plaster/metal. It is often the older, sub-layers that have potential for containing lead.	
Check for damaged paint around external areas of property, including external windowsills, gates, and fences.	
When in bathroom/bedroom ask about imported/traditional/alternative medicines and make-up such as lipstick, kohl, surma, calabash chalk, natural	

Actions	Comments
supplements or herbal medicine. Supplements bought from shops in the UK are OK.	
When in kitchen ask to see what equipment is often used to cook with. Look for imported/second-hand pots/pans/cooking utensils. Check for imported ceramic/pottery dishes and pewter dishes. Explain that you are looking for lead glazes, pewter, etc. It is best to go through kitchen area with the member of family that does the majority of the cooking.	
Check for imported foods such as sweets, spices or canned food. Food purchased from UK shops/supermarkets are ok, spices brought back from abroad, bought in a market may be contaminated.	
Check for imported, second hand or antique toys. Toys produced for the UK market will have the 'CE' or British Standards Kitemark logo to indicate their production to safety standards. UK toys before 1967 were much less regulated.	
Check for evidence of recreational drug use (opium). It can be cut with lead.	
If occupational exposures have been identified, check where any work clothes, tools and other equipment are stored and whether the case has any access to these areas.	
Check if there is a garden (private or communal) that case spends time in. If yes, check if there is soil available and whether case plays, digs or eats it.	

Actions	Comments
Are there any outbuildings which may be used for informal building work or as a workshop?	
Ensure any samples taken are labelled correctly and photographed (both sample and location it came from). It may be helpful to draw out a floor plan to facilitate recording of sample locations.	
Check that the samples taken are suitable for your lab to analyse and that results will be in mg/kg and NOT mg/cm^2	
Take photographs of any items/areas you are unsure about and where possible sample. If you are not able to sample, photos are beneficial. Any photographs can be sent to EHE who can advise if they potentially contain lead.	
Tell family you will pass on the results when you get them, but lab analysis could be 2 to 3 weeks.	

Upload completed checklist to HPZone and once samples are received or if a discussion with an EHE scientist following the site visit is required send to EHE at Environmental.Hazards@ukhsa.gov.uk

11. Appendix C – UKHSA Sampling in the Home

Sampling in the home for sources of lead

Why test?

Flaking paint, paint chips and powdered paint are major sources of lead exposure in young children. If the paint is in good condition or the property has been redecorated, then the lead should be sealed in and there should not be an exposure pathway. Exposure is only likely if the paint is deliberately exposed during renovation, or the paint is flaking, or through children picking at it.

Lead is now prohibited as an ingredient of paint used in domestic settings, however until the 1950s, UK paint may have contained up to 50% lead by weight (500,000mg/kg), which is potentially capable of causing lead poisoning in a small child if they ate just a single chip. Leaded paint at these concentrations may still be found in non-remediated Victorian properties. Voluntary agreements and legislation, such as the 1968 British Standard to label paint with lead concentrations less than 1.0mg/cm^2 or 0.5% by weight as 'low-lead paint' and the eventual prohibition of any added lead in 1992 (except in specialist paints), have considerably reduced the likelihood of exposure to lead from paint.

Other domestic sources of exposure to lead include food, drinking water, traditional medicines and imported cooking pots and utensils, especially pewter.

It may be necessary to test whether existing paint on surfaces in homes or other potential sources, contain lead in order to conduct a public health risk assessment and put into place any mitigation measures.

Testing considerations

When carrying out an investigation there may be a variety of samples which need to be collected and sent to a specialist laboratory for testing, including environmental samples (such as soil, water). It is important to ensure wherever possible that the laboratory is following a certified process and that a UK approved accreditation service is used, to ensure laboratories meet international standards and defined quality requirements.

Environmental sampling needs to be undertaken by specialists who understand how to sample environmental media, prevent cross contamination, and use appropriate labelling and containers so as not to affect the analytical results.

Public health scientists would not generally undertake the sampling, but once the samples are analysed, they would help interpret the results.

Recommended sampling methods

In the UK we follow WHO recommended sampling techniques with results reported as mg/kg.

Handheld X-ray fluorescence (XRF) spectrometry provides qualitative analysis and can be used to help detect the location of any potential lead as it is non-destructive of surfaces, but in order to conduct a public health risk assessment laboratory quantitative analysis is required as mg/kg.

A standard operating method should be followed and may include:

- collecting all layers of paint as lead is more likely to be present in the lower levels
- avoiding collecting any substrate materials underneath as much as possible as they may impact the results, unless the paint is flaking
- collecting several samples in different areas
- repairing any areas where samples have been taken to avoid further exposure

Sampling methods not recommended

There are a number unit measures and qualitative and quantitative sampling and analysis techniques which UKHSA would not recommend.

Units

We recognise that some countries (such as US) use mg/cm^2 but these units are not interchangeable and therefore cannot be used to conduct an appropriate public health risk assessment.

'There is no precise relationship between laboratory measurements of paint on surfaces expressed as ppm and as mg/cm^2 because of variations in the composition and thickness of the paint and the possible inclusion of substrate material during the analysis' (World Health Organization, 2020).

Test kits

UKHSA does not recommend chemical test kits as they are not accurate or precise like laboratory methods and rely on a colour change to indicate presence or absence of lead. These kits have many limitations which may include:

- not meeting UK analysis accreditation results not being based on UK thresholds

- not providing lead concentrations (qualitative just presence or absence)
- needing to score or remove a chip of paint for testing (potentially exposing the lead)
- challenging to identify a colour change with some paint colours
- possibly producing false results
- subjectivity of result interpretation

We also do not recommend the use of dust wipe sampling, a method used by the US EPA, which is based on the size of the area sampled and results are compared to US thresholds which are different to the UK.

References

World Health Organization, (2020), Brief guide to analytic methods for measuring lead in paint, Available from: https://www.who.int/publications/i/item/9789240006058

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12. Appendix D – Government Guidance Leaflet on Safe Decorating

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3-leadpaintleaflet.p

Note this leaflet is withdrawn as it has not been reviewed, however guidance is still current. Available online under govt lead safety pages Withdrawn: pb10973-leadpaintleaflet