

The Accidental POISONING

BY PAM KAUFMAN

800/222-1222 Puts Poison Control Center Experts on the Call with You

“9-1-1. What is the address of your emergency?”

“1234 South Street.”

“What is the telephone number from which you are calling?”

“123/456-7890.”

“What’s the problem, sir?”

“My son climbed up on the bathroom sink and got into a bottle of baby aspirin from the medicine cabinet. He has eaten some of them, but we’re not sure how many.”

“How old is your son?”

“Three.”

“Is he conscious?”

“Yes.”

“Is he short of breath or does it appear that it hurts for him to breathe?”

“No, he looks fine.”

“Is he acting normally for himself?”

“Yes, he appears normal.”

“Has he vomited?”

“No, not yet.”

“So, you are not seeing anything wrong with your child right now except that you know he has taken an unknown amount of baby aspirin?”

“That is correct.”

“OK, sir, please stay on the line with me. I am going to transfer you to the Poison Control Center and see what we can do for your son. They will advise us if your son needs to be transported to a hospital and of any care you will be able to give him at home.”

NATIONWIDE NUMBER & INTERVENTION

Accidental poisonings occur with even the most common and seemingly harmless substances, and the ability to instantly access critical information about the substance and counteracting agents (if any) can save lives. In 2003, the American

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Association of Poison Control Centers (AAPCC) launched a nationwide number for access to the 61 U.S. poison control centers: 800/222-1222.

On the basis of the area code and exchange of the caller, the number routes to the poison control center local to the caller. The number is functional 24 hours per day in the 50 states, the District of Columbia, the U.S. Virgin Islands and Puerto Rico.

Access to a poison control center intervention line is a necessity in every communications center. A policy should be established for using the poison control intervention. Policies vary by agency. The policy most often recommended by medical directors is for the telecommunicator to transfer the caller to poison control; however, the telecommunicator should then remain on the line to determine whether or not poison control recommends EMS be dispatched. Staying on the line also ensures that the call was actually connected and assistance provided.

CALL MANAGEMENT

Calls received at U.S. poison control centers are managed by health-care professionals who have received specialized training in the management of poisoning emergencies. Poison control center operations, as well as clinical education and instruction, are directed by managing directors who are most likely doctors of pharmacy (PharmDs) or registered nurses (RNs) with American Board of Applied Toxicology (ABAT) certification. Medical direction is provided by board-certified toxicologists. At some poison control centers, the same person holds the managing director and medical director positions.

Specialists in Poison Information (SPIs) are primarily PharmDs, RNs and Registered Pharmacists (RPhs). They work under the supervision of a Certified Specialist in Poison Information (CSPI). SPIs must log a minimum of 2,000 calls at a poison control center to become eligible to take the certifying exam for CSPI.

Poison Information Providers (PIPs) are allied health-care professionals in training. They handle informational and non-medical (non-hospital) calls and work under the supervision of at least one CSPI. Non-medical calls don't require recommendations to another allied health-care professional.

The AAPCC in Washington, D.C., maintains a database of information logged by the country's 61 poison control centers.

CONTACT

Established in 1956, the Rocky Mountain Poison and Drug Center (RMPDC) in Denver is one of the oldest poison control centers. Certified as a regional poison control center by AAPCC, the RMPDC service area encompasses Colorado, Montana, Idaho, Nevada and Hawaii. When a call comes into the RMPDC and other poison control centers, the Poison Control Specialist or SPI will ask the caller:

- How the child [patient] is now;
- When this happened;
- How much was taken (the Poison Center Specialist will assist you with determining the amount);
- The exact name of the drug and/or what the active ingredients are (have the caller bring the container to the phone);
- The victim's age, weight, state of general health, allergies, present medications;
- Whether any other substances were taken; and
- The caller's name, child's name, address and phone number.

Remember, all information is confidential.

The telecommunicator can help the caller be prepared. While connecting to the poison control center, the telecommunicator should ask the caller to have a measuring teaspoon available in case they need to measure the remaining medicine. *Tip:* A magnifying glass or reading glasses will help the caller read any fine print on a label.

AVAILABLE INFO

According to the Florida Poison Information Center—Tampa, it, as well as other poison control centers, provides information on the following:

- Bites and stings from insects, spiders, reptiles and marine life;
- Household and personal products;
- Pesticides and chemicals;
- Food poisoning;
- Plants and mushrooms;
- Prescription and over-the-counter medicine;
- Herbal and dietary supplements; and
- Substances of abuse.

Poison prevention education and materials for all ages are provided by poison control centers. Education is also available for health-care providers.

Tip for trainers: Poison control centers would be an excellent resource for agencies seeking continuing dispatch education topics and materials.

U.S. poison control centers rely on a resource known as the POISINDEX System (published by Thomson). It identifies ingredients for hundreds of thousands of commercial, biological and pharmaceutical products (for more information, visit www.micromedex.com/products/poisindex/). The system links to data on clinical effects, range of toxicity and treatment protocols for exposure. POISINDEX delivers concise, essential toxicology data on a single screen to ensure fast access to critical answers. It includes product/substance identifications for:

- Common household products (cleaners, personal care, insect protection);
- Industrial chemicals (manufacturing agents);
- Industrial products (cleaners, protective agents);
- Pharmaceutical products (prescriptions, generic, trade, over-the-counter, veterinary); and
- Biological entities (botanic, zoologic, food poisoning).

Intended users of this system are poison and drug information specialists, emergency department personnel and clinical toxicologists.

Poison control centers were established so health-care providers could share protected patient information with other health-care professionals who are providing direct patient care under HIPAA regulations (45 CFR parts 160 and 164 as published in the *Federal Register* on Dec. 28, 2000). In addition, the Centers for Disease Control and Prevention (CDC) has provided the AAPCC with a grant of authority to conduct surveillance activity and function as a public health authority to which covered entities may disclose protected health information. Some poison control centers, such as in Florida, function as a Department of Health program, performing public health functions. As such, those centers are exempt from HIPAA privacy regulations. Therefore, it is not a

HIPAA violation to share patient information with a poison control center.

THE FACT OF THE MATTER

Fact: *Anything can be poisonous when the exposure is excessive.* Medications taken in their proper dose can be helpful, but an overdose can cause serious illness or death. Vitamins and minerals are essential for good health, but too many may be toxic. Even water can be dangerous, if an excessive amount is ingested.

Fact: *We use poisons every day.* Approximately 400 containers of potentially toxic substances enter the average home each year. Household products become potentially harmful when they are ingested or splashed in the eye or on the skin.

Fact: *Some people are more at risk than others.* Toddlers aren't aware of all the things that can hurt them. They explore their world by putting things in their mouths. They will even eat things that taste and smell bad. The top five poisons commonly ingested by children are:

- Household cleaners;
- Medications;
- Cosmetics and personal care products;
- Foreign bodies (coins, watch batteries); and
- Plants, berries and mushrooms.

Fact: *Poisons can be used safely.* Read the label. Always follow directions on the package. Poisonings occur when the product is being used. Never leave poisons unattended if children are nearby. Is it medicine? Call it medicine, *not* candy. Take medicine where children can't observe. Children learn by imitation. Do not keep medicines in purses, backpacks or diaper bags. Lock up medicines in a "med-safe." A tackle box with a lock could be used. Offer houseguests a child-safe area for their medicine. When traveling with children, check your surroundings carefully to remove harmful medicines and vitamins.

Fact: *Poisons can be stored safely.* Put child-resistant latches on cabinets containing non-food products. Store poisons in cabinets away from food or drinks. Keep products in their original container. Remove poisonous house and yard plants. Determine the names of plants. Find out if your plants are toxic by calling your local poison control center.

COMMON MYTHS DEBUNKED

Myth: Children cannot open containers that have child-resistant caps. **Fact:** Poison control centers get many calls about children getting into containers that have child-resistant caps; they are not childproof!

Myth: Expired medicines lose their strength and are not harmful. **Fact:** It's impossible to predict the strength of expired medicines; they are harmful.

Myth: Following an exposure, it's safe to watch for symptoms at home and then call for help as symptoms occur. **Fact:** It's very important to call the poison control center right away. Waiting can delay life-saving treatment.

Myth: Making someone vomit will prevent any absorption of a medicine and prevent harmful effects. **Fact:** Poison control no longer recommends making someone vomit; doing so can do more harm than good.

ADVICE FOR THE TELECOMMUNICATOR

According to statistics from poison control centers, over 70% (possibly as high as 80%) of accidental poisonings can be safely treated at home with the guidance of the poison control center. Within minutes, their professionals can advise if treatment should be carried out at a hospital or at home. Poison control centers also follow up with callers by phone until the crisis is over. With this information in mind, poison control centers would like to remind telecommunicators that the poison control center is legally liable for information and liability is being transferred to them when the call is transferred.

When a call is transferred to a poison control center per agency and medical direction policy, the telecommunicator needs to be reminded that the poison control center is also operating on policy and protocols. These policies and protocols may

differ from your agency and emergency medical dispatch procedures. The poison control center is now a valuable resource for the telecommunicator and control of the call will have to be relinquished to the poison control center. Many telecommunicators have a difficult time doing this and have a tendency to "challenge" the SPI who answered the call. Remember, the call is now a three-way call with the poison control center in control. If the poison control center determines that no EMS interaction or transport is needed, the telecommunicator will be given this information. The suggested treatment, if any, will be given by the poison control center, and, if the situation warrants follow up, the poison control center will keep calling back until the crisis is over and the patient is no longer in danger.

Occasionally, telecommunicators are asked by a paramedic who is on scene at an emergency to call a poison control center to ask for advice, such as medication doses and antidotes. Poison control centers prefer to speak to the paramedic themselves rather than answer questions and give advice via a third-party caller, such as the telecommunicator.

SUMMARY

Poison control centers provide expert advice in poisoning emergencies. The centers are available 24 hours a day, 365 days a year. The toll-free, nationwide number, 800/222-1222, should be posted on or near all phones for quick and easy access in the event of a poisoning emergency. Poison control centers are a valuable resource for the telecommunicator, as well as the public. **||PSC||**

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RESOURCES

- APCO Institute: Emergency Medical Dispatch Guidecards: www.apcointl.com/institute/index.htm
- APCO Institute: *Emergency Medical Dispatch Manual*: www.apcointl.com/institute/index.htm
- American Association of Poison Control Centers, Washington, D.C.: www.aapcc.org
- Rocky Mountain Poison and Drug Center, Denver; contact Mary Hilko: www.rmpdc.org
- Florida Poison Information Center, Tampa, Fla., contact JoAnn Chambers-Emerson: www.poisoncentertampa.org
- The Centers for Disease Control & Prevention: www.cdc.gov/health/poisoning.html

CDE #22399 EXAM: THE ACCIDENTAL POISONING

1. The nationwide number for access to all the U.S. poison control centers is: _____
2. The American Association of Poison Control Centers (AAPCC) in Washington, DC, maintains a database of information logged by the country's 61 poison control centers.
 - a. True
 - b. False
3. Calls received at U.S. poison control centers are managed by health-care professionals who have received specialized training in the management of poisoning emergencies.
 - a. True
 - b. False
4. Specialists in Poison Information (SPIs) are primarily PharmDs, RPhs and _____.
 - a. Telecommunicators
 - b. Registered nurses
 - c. Paramedics
 - d. Doctors
5. SPIs must log a minimum of how many calls in a poison control center to become eligible to take the certifying exams for Specialist in Poison Information? _____
6. Poison control centers would be an excellent resource for agencies seeking continuing dispatch education topics and materials.
 - a. True
 - b. False
7. U.S. poison control centers rely on a resource known as the _____ System.
 - a. POISONIDENTIFY
 - b. POISONALERT
 - c. POISONHELP
 - d. POISINDEX
8. It is a HIPAA violation to share patient information with a poison control center.
 - a. True
 - b. False
9. Poison control centers will follow up with callers by phone until the crisis is over.
 - a. True
 - b. False
10. After a call is transferred to a poison control center, the telecommunicator will have to relinquish control of the call to the PCC.
 - a. True
 - b. False

Using the CDE Articles for Credit

APCO Institute Continuing Dispatch Education

1. Study the CDE article in this issue.
2. Answer the test questions using this form. Photocopies are acceptable, but don't enlarge them.
3. Fill out the appropriate information section below and submit the form to:

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 Daytona Beach, FL 32114

Questions? Call us at 888/APCO-9-1-1.

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