



10 myths of Childhood poisoning

Dr Ruth Barker

Myth 1:

- “If parents supervised their children properly this wouldn’t happen”:
 - No parent can supervise their child 24 hours a day
 - There will always be distractions and lapses in concentration and supervision
 - Children are excellent observers and mimics

Myth 2:

- But the bottle had a “child proof” cap!
 - Many parents believe that a child resistant cap is “child proof” until confronted with evidence to the contrary
 - Caps are designed and tested to keep out 80% of young children (no more than 20% should be able to access the product after demonstration)
 - They can be considered at best to be a time delay

Myth 3:

- But the cap was a Standards Australia approved cap
 - Once tested and approved, there is no further requirement to prove the cap function
 - Cap failures have been described due to wearing of the tooling, changes in production components, destabilisation of plastics by contents

Myth 4:

- “You can’t prevent all childhood poisoning”
 - No, but you can improve on the current rate
 - QLD Poisons information receive 40,000 calls a year
 - 40% are poisoning calls for children under 5 years of age
 - 40 calls per day

Myth 5:

- “But parents just ring that poisons number!”
 - No: Parents ring to get up to date and sensible advice after an ingestion event
 - PIC advice has probably reduced the rate of poisoning presentations over the last 10 years
 - Admission rate remains steady at 30%

Myth 6:

- “We don’t have enough information” to change the system
 - Wrong: Joan O-S: bottles with child resistant caps examined after ingestion event by child under 5 years
 - Caps didn’t close
 - Closure blocked by crystallized contents
 - Caps required additional $\frac{1}{4}$ turn to activate CR mechanism

Myth 7:

- “Blister packs are inherently child resistant”
 - Wrong: QPIC: solid medication poisoning in children under 5 years
 - 80 children, 45 blister packs, 4 CRC, 21 simple cap, 5 dosette/ Webster pack, 5 unknown
 - In 34 children potentially exposed to toxic amounts: 79% accessed via blister pack

Myth 8:

- "80% of our pharmaceuticals are sold in blister packs. It will cost the industry too much to change"
 - What is the cost of doing nothing?
 - Will it really cost too much?
 - Can we learn from other countries?

Myth 9:

- Failure of a CR cap post testing is a quality assurance issue for the company
 - Perhaps: But Standards Australia describes a performance standard for CR packaging, yet remains silent on performance over time

Myth 10

- “The current rate of childhood poisoning has dropped to an acceptable level”
 - Whilst the rate of childhood poisoning has dropped in QLD over the last 10 years, the admission rate has remained stable
 - What happened to Harrison is not acceptable and there is still room for improvement

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