THE POISON CONTROL CENTER

Children's Hospital of Philadelphia℠

Certified by America's Poison Centers

QT[3]: Quick Tox Treatment Tips

Pediatric Poisoning – Implications for Child Protective Services "Mandated Reporters"*

*Excludes maternal-fetal exposures; applies to infants and children 6-months to 6-years of age.

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Background

- Child injury due to medications, drugs, and other poisons is largely preventable.
- PA and DE both have *mandated reporting* statutes pertaining to suspected child abuse and neglect.
- In 2022, U.S. poison control centers recorded >800,000 cases involving children < 6-years of age.
- Defining "neglectful" child injury due to poisoning can be challenging and is susceptible to implicit biases.

The American Academy of Pediatrics (AAP, 2006) statement on supervisory neglect urges medical providers to remember that even the most careful caregiver may experience a brief lapse of supervision that results in an injury but to make a referral to child protection services when they have a reasonable suspicion that a "pattern of caregiver decisions or behaviors have placed a child at significant ongoing risk for harm".

Universal Poisoning-Injury Prevention is Recommended for All Families after a Potential Poisoning Event:

- All families should be offered home poisoning prevention education and anticipatory guidance.
- All families should be nonjudgmentally screened for drug use disorders and offered connection to treatment if applicable and if desired.
- All families with identified drug use disorders should be nonjudgmentally offered available parenting supports.
- Home naloxone should be offered to families and households at risk of opioid injury.

<u>Primary Criteria for Making a Child Protection Services (CPS) Report</u>

Suspicion that…

- ☐ Drug or chemical was given to a child by a caregiver with intent to injure, intoxicate, or cause illness
- ☐ Illicit drug was given to a child by a caregiver intentionally and knowingly, even if no intent to injure
- ☐ The involved drug was part of a caregiver's involvement in illicit[1,2] drug use or sale, even if the child's exposure was not intentional on the part of the caregiver
- ☐ Caregiver's own intoxication led to supervisory neglect resulting in a child's poisoning injury

[1]Marijuana / THC is a Schedule I controlled substance per the US federal government, but is legal for prescribed medical use by state statute in PA, DE, and NJ; and for "recreational" use in DE and NJ. In 2022, >1 in 5 US adults reported use of marijuana / THC. We do NOT consider THC to qualify as an "illicit drug" unless clearly part of illegal drug enterprise.

[2]Drugs such as opioids or amphetamines may be illicit drugs or may be legitimately prescribed and used medications. Efforts should be made to properly identify the drug's source and to properly classify the child's exposure.

24-hour hotline
1-800-222-1222

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Administration 215-590-2003 ● Fax 215-590-4419
www.chop.edu/centers-programs/poison-control-center

Additional Factors Which May Promote Decision to File CPS Report if Concern Exists for "Ongoing Harm"

- ☐ Child has been treated for toxic exposure on >1 occasion raising concern for a pattern of *at-risk* neglect
- ☐ Caregiver's response to toxic exposure is judged to neglectfully place child at undue risk of secondary injury (ie. failure to seek prudent care)
- ☐ Caregiver placed medication, chemical or drug into an unusual setting in which child injury was an entirely predictable consequence (ie. storing methadone in a child's sippy-cup in refrigerator)
- ☐ No reasonable source or circumstances for the toxic exposure are provided by a caregiver
- ☐ Toxic exposure is judged to have been reasonably preventable and resulted in a "near-fatality", or in impairment resulting in ICU-level care

Selected References:

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- Rebbe R, et al. Child protection system interactions for children with positive urine screens for illicit drugs. JAMA Netw Open 2024; 7: e243133.
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