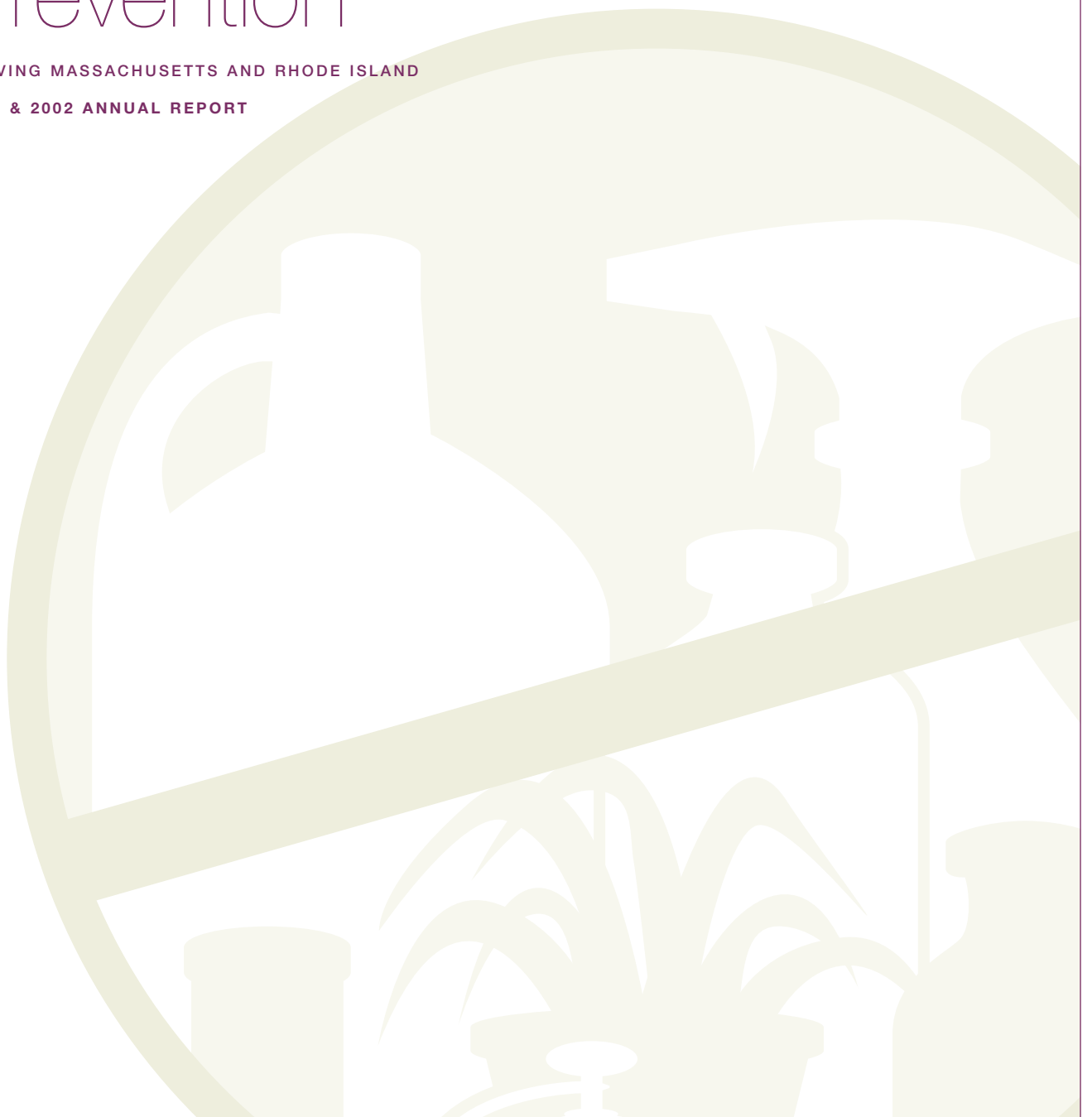
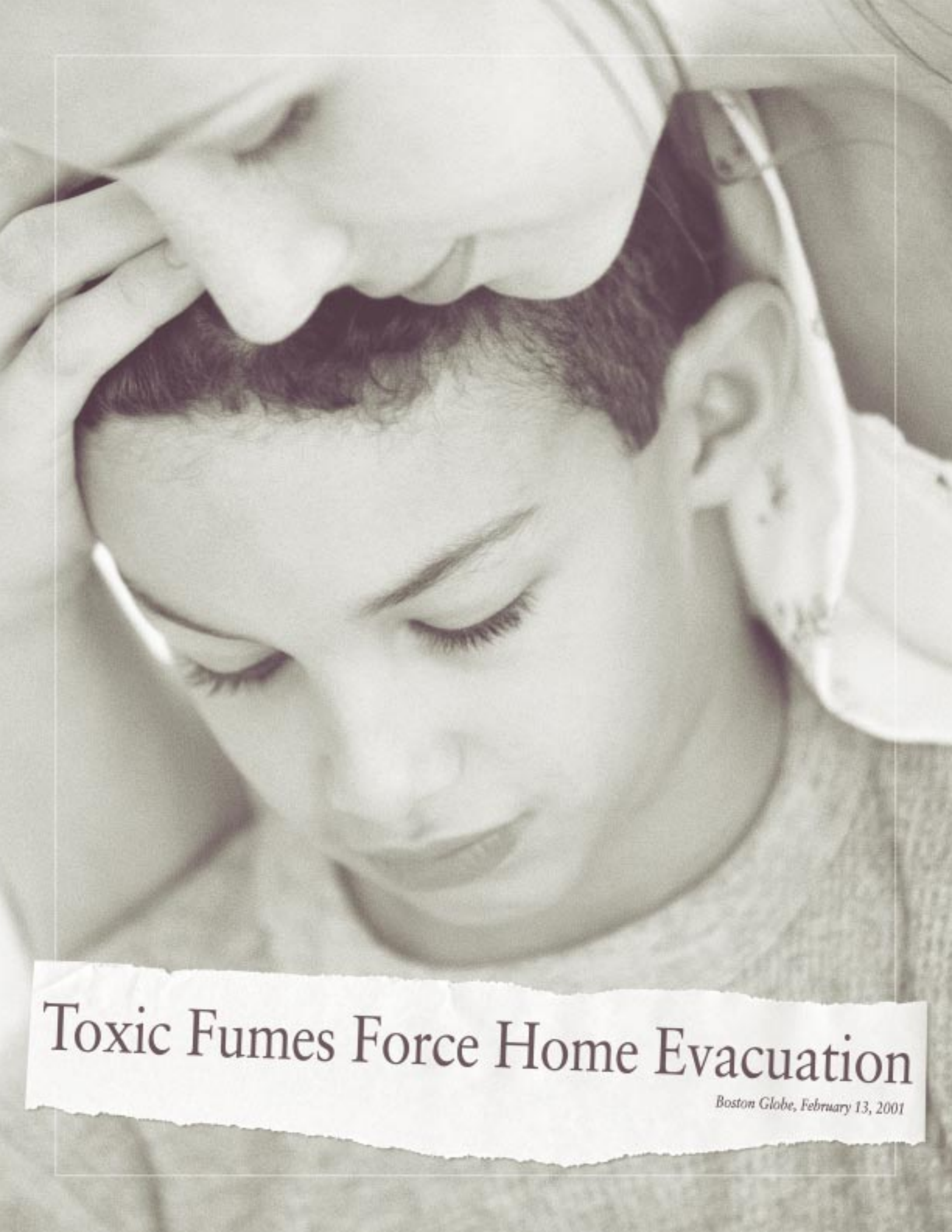


Regional Center for Poison Control and Prevention

SERVING MASSACHUSETTS AND RHODE ISLAND

2001 & 2002 ANNUAL REPORT





Toxic Fumes Force Home Evacuation

Boston Globe, February 13, 2001

Table of Contents

EXECUTIVE REPORT	2
MISSION AND GOALS	3
FINANCIAL REPORT	4
PUBLIC EDUCATION	6
PROFESSIONAL EDUCATION	7
STATISTICS	
WHOM DO WE SERVE AND WHY DO THEY CALL?	8
PENETRANCE RATES	9
WHERE DO POISONINGS HAPPEN?	10
WHERE DO THE CALLS COME FROM?	10
WHERE ARE POISONINGS MANAGED?	11
WHO ARE THE POISONED?	12
MOST COMMON AGENTS	13
WHAT WAS THE REASON FOR THE POISONING?	14
WHAT WAS THE RESULT OF THE POISONING?	15
SUMMARY OF DEATH CASES	16
APPENDIX	
A. CENTER STAFF	17
B. ADVISORY COMMITTEE	18
C. HEALTH EDUCATION SUB-COMMITTEE	19
D. HOSPITAL CALLERS AND FUNDING PARTNERS	20
E. PUBLICATIONS	22

Executive Report

It has been three years since the Regional Center for Poison Control and Prevention was established to serve the people of Massachusetts and Rhode Island. During that time, the Center has experienced a 36% increase in total call volume. This report provides information on the demographics and substances involved in poisonings reported in Massachusetts and Rhode Island throughout 2001 and 2002, as well as the treatments and outcomes of these cases.

Following the events of September 11, 2001, the Center provided information to hundreds of callers who were concerned about anthrax exposure or had questions in response to the media coverage of the use of biological or chemical agents as terrorism vehicles. The Center continues to work with federal, state and local officials to develop protocols for the identification and management of biological and chemical injuries. In addition, the Center participates in local and nationwide toxicology surveillance system that could be beneficial in the early identification of a toxic exposure.

Also in September 2001, the Center received federal funding for the first time through the Poison Center Stabilization and Enhancement Act of 2000. The first year of the three-year grant covered almost 20% of our operating budget and was used to support staff salaries and greatly enhance public education activities. Our State support has remained level for three years and continues to represent almost 60% of our operating budget. While funding for poison control services has always been a continual struggle, it is even more crucial now that we find stable support for not only the day to day services in both states, but also to ensure that we will be there when a major crisis occurs.

In addition to the three-year stabilization grant, the Center was awarded a two-year competitive grant to develop a region-wide "New England Consortium". Massachusetts and Rhode Island have joined with New Hampshire and Connecticut to develop region-wide solutions to some poison-center specific issues. Disaster planning, professional educational and sharing of resources will be the focus for the group. One of the first action items was to implement cross coverage of calls. In January 2002, we began taking calls from the State of New Hampshire during the overnight hours.

In response to the Poison Center Stabilization and Enhancement Act of 2000, we initiated a new toll-free national phone number in 2001. Anyone in the country can dial 1-800-222-1222 and be automatically connected to the closest poison control center serving their geographic area. The Regional Center continues to be the only center serving the needs of the people in Massachusetts and Rhode Island.

Mission and Goals

The Regional Center for Poison Control and Prevention has a mission to provide assistance and expertise in the medical diagnosis, management and prevention of poisonings involving the people of Massachusetts and Rhode Island. The Center seeks to improve the quality of medical care given to patients by maintaining a standard of excellence in both clinical research and professional development. In addition, the Center develops and implements public education and information campaigns to prevent injuries due to intentional and unintentional poisonings.

2001-2002 Accomplishments:

Collaboration

- ~ Enhanced the existing relationships with Health Departments and Health Care Facilities
- ~ Developed strategies for creating and maintaining mutually beneficial partnerships
- ~ Initiated partnerships with the New Hampshire and Connecticut Poison Centers

Operations

- ~ Maintained certification with the American Association of Poison Control Centers (AAPCC)
- ~ Solidified and expanded funding sources
- ~ Stabilized clinical staff

Education

- ~ Strengthened outreach and public education efforts with a focus on prevention
- ~ Utilized the expertise of the Health Education Committee
- ~ Implemented and evaluated components of the comprehensive educational plan
- ~ Launched national toll-free telephone number

Goals for 2003-2004:

Collaboration

- ~ Build a diverse and active Advisory Committee for the Regional Center
- ~ Investigate opportunities for further regionalization

Operations

- ~ Define the Centers role in bioterrorism planning and response
- ~ Maintain optimal Center staffing
- ~ Improve funding sources

Education

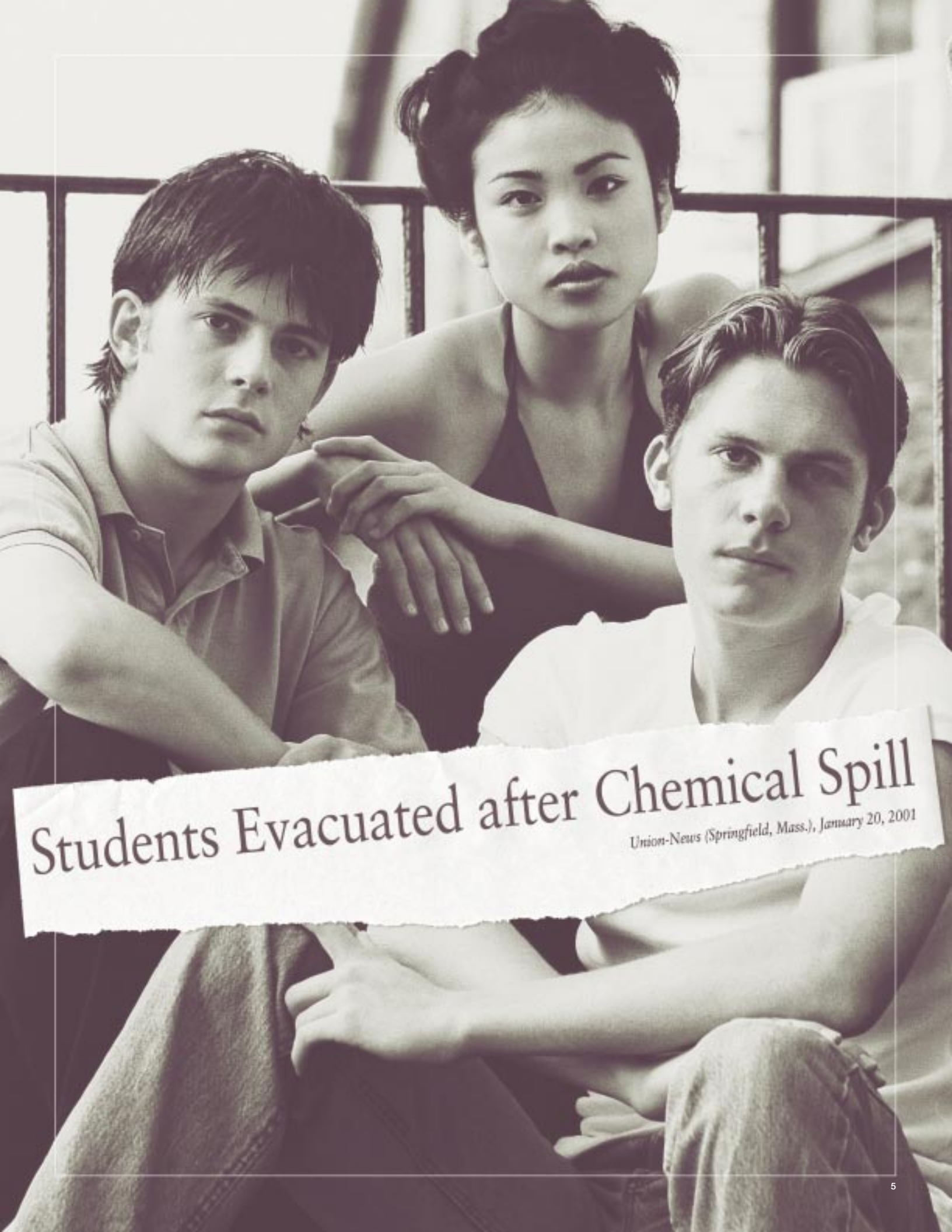
- ~ Continue to implement Education Plan
- ~ Enhance capacity to meet the needs of non-English speaking populations
- ~ Target outreach and education to cities and counties with low penetrance



Financials

In fiscal year 2002, the annual operating budget for the Regional Center for Poison Control and Prevention was almost \$1.5 million. The majority of the funding for Center operations is provided by the Massachusetts Department of Public Health and Rhode Island Department of Health with additional funding from hospital partners, Harvard Pilgrim Health Care and Blue Cross / Blue Shield of Massachusetts. In September of 2001 the Center received the funds appropriated to all centers from the Poison Control Center Enhancement and Awareness Act of 2000. The following table highlights revenue and expenditures for fiscal year 2002.

FISCAL YEAR 2002 (JULY 2001 - JUNE 2002)	
OPERATING REVENUE	
DEPARTMENT PUBLIC HEALTH, MASSACHUSETTS	\$ 468,446
DEPARTMENT OF HEALTH, RHODE ISLAND	\$ 300,000
FEDERAL STABILIZATION GRANT	\$ 275,071
FEDERAL NEW ENGLAND CONSORTIUM GRANT	\$ 46,329
FUNDING PARTNERS	\$ 102,590
PHARMACY TRAINING PROGRAMS	\$ 5,200
CHILDREN'S HOSPITAL IN-KIND	\$ 320,000
SUB-TOTAL	\$ 1,517,636
DIRECT EXPENSES	
SALARIES AND BENEFITS	\$ 894,378
TOXICALL SOFTWARE LICENSING FEE	\$ 26,249
TELEPHONE	\$ 43,629
PRINTING AND POSTAGE	\$ 26,326
SUPPLIES	\$ 3,631
TRAVEL	\$ 3,764
DUES/MEMBERSHIP	\$ 4,706
OTHER	\$ 351
CARRYOVER DEBT (FY01)	\$ 87,654
OVERHEAD (IN-KIND)	\$ 320,000
SUB-TOTAL	\$ 1,410,688
BALANCE:	\$ 106,948



Students Evacuated after Chemical Spill

Union-News (Springfield, Mass.), January 20, 2001

Public Education

The goal of the Center's public education program is to reduce both unintentional and intentional poisonings through education, outreach and promotion of services. In 2001 and 2002, the Health Education Committee convened on a quarterly basis to advise Center staff on effective strategies to implement the goals and objectives of the Strategic Plan created in 2000. A list of committee members is included in Appendix C.

MATERIALS AVAILABLE THROUGH THE CENTER:

TELEPHONE STICKERS

REFRIGERATOR MAGNETS

POISON CENTER BROCHURES (ENGLISH AND SPANISH)

FACT SHEETS AVAILABLE THROUGH THE CENTER:

PREVENT POISONING IN YOUR HOME

CARBON MONOXIDE

WHAT IS IPECAC SYRUP?

SAFE PLANTS / DANGEROUS PLANTS

SEASONAL SAFETY INFORMATION

The Health Education Committee identified four educational objectives from the Strategic Plan as priorities for 2001-2002. Educational activities are continuously initiated to address the objectives listed below.

1. Develop a set of poison prevention educational tools including brochure, posters, stickers, and magnets to promote the new nation-wide hotline number.
2. Promote awareness of poison prevention and Regional Center for Poison Control and Prevention services among the following target audiences: a) culturally diverse communities; b) health care professionals; and c) child care providers.
3. Establish a public health approach to poison prevention by partnering with state health agencies and community organizations to provide poison prevention education.
4. Identify potential corporate and grant resources to fund educational activities.

Public Education Accomplishments:

- ~ Promoted the release of the new nation-wide poison hotline number in January 2002.
- ~ Developed and distributed media press releases for the following: 1-800-222-1222 nation-wide hotline number release; Poison Prevention Week; and Seasonal Hazards.
- ~ Disseminated poison prevention information in partnership with Massachusetts and Rhode Island state health agencies and community programs.
- ~ Participated in health fairs and community events in Massachusetts and Rhode Island to enhance awareness of center services and poison prevention.
- ~ Presented information on poison prevention to community organizations and displayed information at professional association conferences.
- ~ Developed new materials including hotline stickers, magnets, and brochures.
- ~ Increased distribution of poison prevention materials to just under 500,000 people throughout Massachusetts and Rhode Island. This represents a 137% increase in distribution since 2000.

Professional Education

The Professional Education program at the Regional Center for Poison Control and Prevention is comprised of three components. Accomplishments during this time include:

Continuing Education for Center Staff

- ~ Presented ten in-service programs to the staff. Topics included: Carbon Monoxide, Lead, Pesticides, Heavy Metals, and Management of the Poisoned Patient.

Education for Health Professionals

- ~ *Fellowship Program in Medical Toxicology*: Two physicians completed the second half of a two-year postgraduate fellowship in medical toxicology with the Center.
- ~ *Doctor of Pharmacy Clerkship*: Students from Massachusetts College of Pharmacy participated in one-month rotations through the Regional Poison Center.
- ~ *Emergency Medicine Resident Clerkship*: Third-year residents from Boston Medical Center, Beth Israel-Deaconess Medical Center, Brigham and Women's Hospital, Massachusetts General Hospital and Rhode Island Hospital participated in one-month rotations through the Center.

Education for Health Professionals – Extramural

- ~ Published monthly *Clinical Toxicology Review* (CTR). The CTR is mailed to health professionals in Massachusetts and Rhode Island and posted on the Center web-site.
- ~ Conducted lectures on clinical toxicology at the Massachusetts College of Pharmacy and Health Science.
- ~ Lectured at various teaching hospitals, community hospitals and continuing education courses for health professionals.
- ~ Authored books / chapters and contributed articles to various professional journals. A complete list of these publications is included in Appendix E.



Whom do we serve and why do they call?



Over the past three years the Center has experienced a 36% increase in total call volume. In 2001 - 2002, the Center managed a total of 138,368 calls; responding to a total of 60,978 in 2001 and 77,390 in 2002. Upon further review, the monthly call volume did spike in October of 2001, partially in response to the large number of calls about anthrax.

TYPE OF CALL	2000	2001	2002
INFORMATION	9,179	15,785	25,209
EXPOSURE	47,821	45,193	52,181
TOTAL	57,000	60,978	77,390

The total population for the area served by the Center is 7,361,057 residents. Massachusetts' population is 6,349,097 (86%) and Rhode Island's population is 1,011,960 (13%). The number of calls received annually from each state continues to be proportional to the state population. In Rhode Island, a 45% increase in total calls was seen from 2000 to 2002, while a 32% increase in totals was seen for the same time in Massachusetts.

TYPE OF CALL: RHODE ISLAND	2000	2001	2002
INFORMATION	1,053	1,713	2,768
EXPOSURE	6,583	6,093	8,335
TOTAL	7,636	7,806	11,103

TYPE OF CALL: MASSACHUSETTS	2000	2001	2002
INFORMATION	7,959	13,724	22,020
EXPOSURE	40,637	38,387	42,340
TOTAL	48,596	52,111	64,360

Penetrance

In 2001, the American Association of Poison Control Centers changed the definition of penetrance to include information calls; however, we are not using that definition in this report. In order to keep consistency and evaluate trend data, the definition of penetrance will only include the number of exposure calls handled per 1,000 population.

In 2001, the Center managed 45,193 exposure calls with a population base of approximately 7.3 million, for a 6.1 penetrance rate. The 52,181 exposure calls managed by the Center in 2002 with the same population base of approximately 7.3 million, yields a 7.0 penetrance rate.

The tables below highlight penetrance rates by county in Massachusetts and by core city in Rhode Island. This analysis will help the Center target and evaluate the effectiveness of its outreach and education efforts.

CALL PENETRANCE BY COUNTY: MASSACHUSETTS					
		2001		2002	
COUNTY	POPULATION	EXPOSURES	PENETRANCE	EXPOSURES	PENETRANCE
BARNSTABLE	222,230	1,295	5.8	1,450	6.5
BERKSHIRE	134,953	714	5.3	821	6.1
BRISTOL	534,678	2,604	4.9	3,101	5.8
DUKES	14,987	117	7.8	124	8.3
ESSEX	723,419	3,944	5.5	4,327	6.0
FRANKLIN	71,535	375	5.3	371	5.2
HAMPDEN	456,228	2,201	4.8	2,411	5.3
HAMPSHIRE	152,251	669	4.4	828	5.4
MIDDLESEX	1,465,396	8,551	5.8	9,443	6.4
NANTUCKET	9,520	73	7.7	103	10.8
NORFOLK	650,308	3,887	6.0	4,451	6.8
PLYMOUTH	472,822	3,318	7.0	3,547	7.6
SUFFOLK	689,807	3,673	5.3	3,856	5.6
WORCESTER	750,963	3,875	5.2	4,546	6.1
MA STATE	6,349,097	38,387	6.0	42,340	6.7
CALL PENETRANCE BY CORE CITY: RHODE ISLAND					
		2001		2002	
CORE CITIES	POPULATION	EXPOSURES	PENETRANCE	EXPOSURES	PENETRANCE
CENTRAL FALLS	17,197	42	2.5	152	8.8
NEWPORT	28,184	193	6.8	273	9.7
PAWTUCKET	71,784	562	7.8	647	9.0
PROVIDENCE	156,727	1,144	7.3	1,340	8.5
WOONSOCKET	43,377	195	4.5	312	7.2
ALL OTHERS	694,691	3,957	5.7	5,611	8.1
RI STATE	1,011,960	6,093	6.0	8,335	8.2

Where do poisonings happen?

Of the 45,193 exposure calls managed by the Center in 2001, over 91 % (41,217) were exposures in a residence with less than 9% (3,976) occurring in other locations such as schools, workplaces and other public areas.

Of the 52,181 exposure calls managed by the Center in 2002, almost 92% (47,861) were exposures in a residence with approximately 8% (4,321) occurring in other locations such as schools, workplaces and other public areas.

**Closer Monitoring of
Prescriptions for Seniors Needed**
Worcester Telegram and Gazette, December 29, 2001



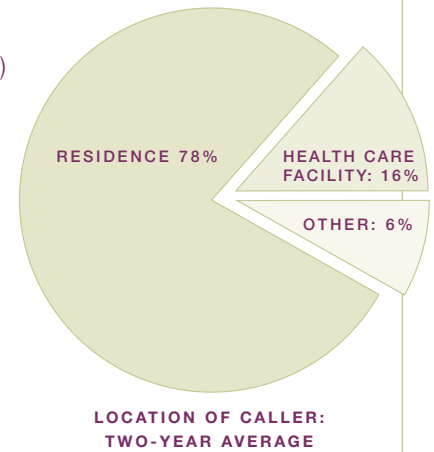
Where do calls come from?

In 2001, over 75% of the exposure calls came from residences, 17% (7,521) from health care facilities and medical professionals with the remaining 5% (2,337) coming from various sources such as public areas, schools and workplaces. The location of the caller was unknown in less than 0.5% (197) of cases.

In 2002, almost 80% of the exposure calls came from residences, 17% (8,341) from health care facilities and medical professionals with the remaining 5% (3,153) coming from various sources such as public areas, schools and workplaces.

The caller's location was unknown in less than 0.25% (106) of cases.

The graph, right represents the similar distribution for both 2001 and 2002. Appendix D contains a breakdown of the number of calls by Hospital across the two-state region.

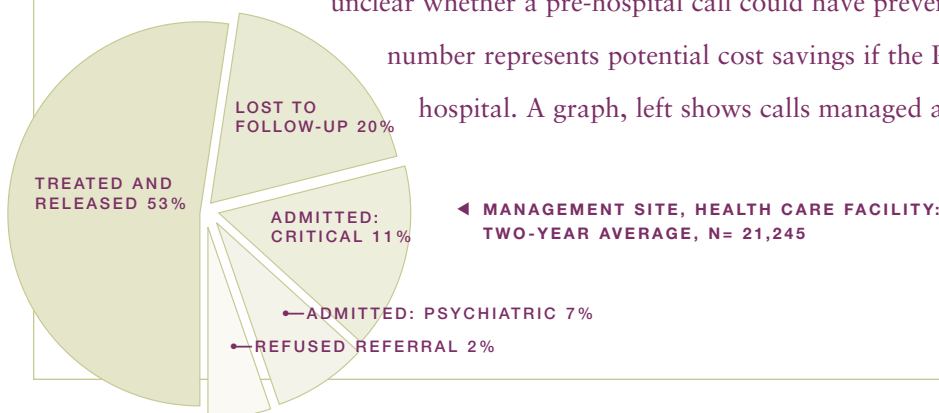


Where are poisonings managed?

The data from 2001 and 2002 show very similar distributions of management site. In each year the majority of the exposure calls (74%) were managed on-site. This figure represents virtually no change from the distribution in prior years. Below is a table of management site by year.

MANAGEMENT SITE	2001	2002
ON SITE	33,532	38,989
HEALTH CARE FACILITY	10,248	10,997
UNKNOWN	854	1541
REFUSED REFERRAL	559	654

Of interest are the calls that were managed at a health care facility but were treated and released. While it is unclear whether a pre-hospital call could have prevented a trip to the emergency room, this number represents potential cost savings if the Poison Center is involved prior to the hospital. A graph, left shows calls managed at health care facilities.



Who are the poisoned?

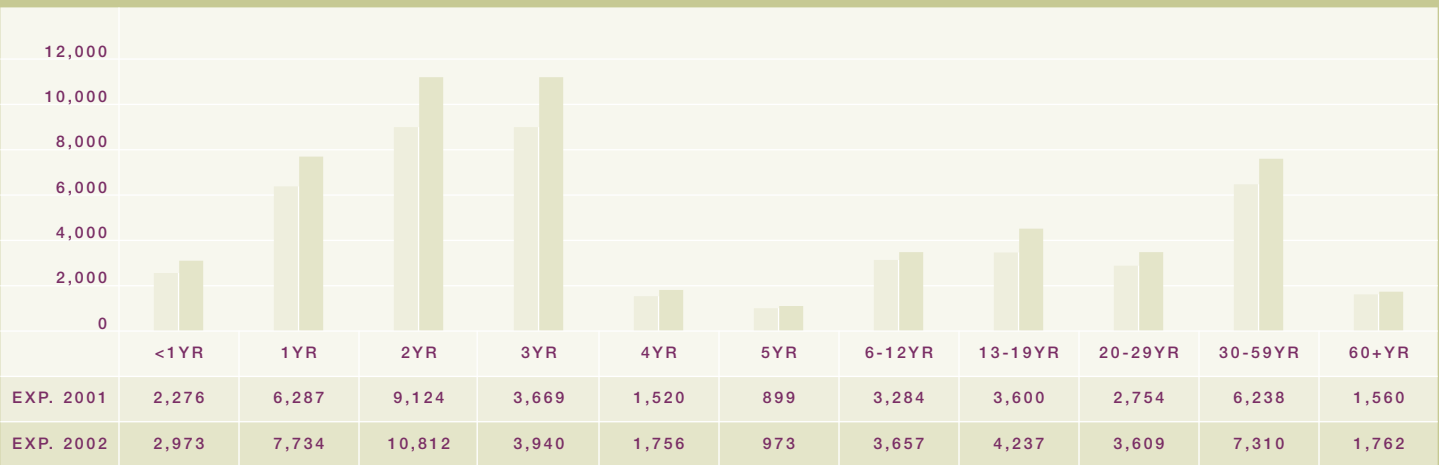
Of the 45,193 exposure calls answered in 2001, age was captured for 41,211 cases. Over half (23,775) of the exposure calls involved children 5 years and younger. Specifically, the greatest numbers of exposure calls involve two-year-olds; 9,124 calls were received, representing about 20% of the total exposure calls.

Of the 52,181 exposure calls answered in 2002, age was captured for 48,163 cases. Over half (28,188) of the exposure calls involved children 5 years and younger. Specifically, the greatest numbers of exposure calls involve two-year-olds; 10,812 calls were received, representing almost 20% of the total exposure calls.

Each year gender remains split equally between males and females. Of the exposure calls received, gender was recorded for 44,725 calls in 2001 and 51,604 calls in 2002. Overall the increase in total calls has not change the distribution of the age or gender for exposure calls.

GENDER	2001	2002
MALES	22,873	25,556
FEMALES	21,853	26,048
TOTAL	44,725	51,604

CALL VOLUME BY AGE: 2001 AND 2002



What are the most common agents of poison?

Products involved in poisonings are regularly divided into drug and non-drug categories. The percentage of calls and products involved has remained consistent over the past three years.

In 2001 non-drug products comprise 56.5% (25,533) of total exposures and similarly in 2002 non-drug products comprise 55.4% (28,890) of total exposures. Items included in this category are cosmetic/ personal care products and household cleaning products.

TOP FIVE SUBSTANCES MOST FREQUENTLY INVOLVED IN NON-DRUG RELATED EXPOSURES, 2001 – 2002

SUBSTANCE	MOST COMMON PRODUCTS 2001 – 2002
COSMETICS / PERSONAL CARE PRODUCTS	TOOTHPASTE WITH FLUORIDE, HAND/BODY CREAMS, LOTIONS, MAKE-UP, PERFUME, COLOGNE, AFTERSHAVE, MOUTHWASH
CLEANING SUBSTANCES	BLEACH, LAUNDRY DETERGENT, HOUSEHOLD CLEANERS
FOREIGN BODIES	SILICA GEL, THERMOMETERS
PLANTS	NON-TOXIC PLANTS
ARTS & CRAFTS / OFFICE SUPPLIES	PEN INK, CRAYON

In 2001 drugs were the reported agent in 55.2% (24,933) of all poisonings and likewise in 2002 drugs were the reported agent in 51% (26,628) of all poisoning. Substances such as aspirin and acetaminophen were at the top of the list both years.

TOP FIVE SUBSTANCES MOST FREQUENTLY INVOLVED IN DRUG RELATED EXPOSURES, 2001 – 2002

SUBSTANCE	MOST COMMON PRODUCTS
ANALGESICS	IBUPROFEN, ACETAMINOPHEN, ASPIRIN
SEDATIVES / HYPNOTIC	BENZODIAZEPINES
ANTIDEPRESSANTS	SEROTONIN RE-UPTAKE INHIBITORS
TOPICALS	DIAPER PRODUCTS
COLD AND COUGH	DEXTROMETHORPHAN

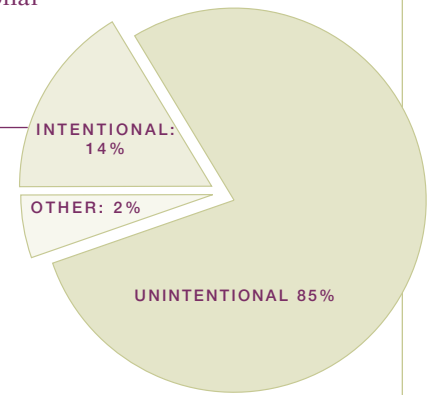
What was the reason for the poisoning?

The majority of poison exposures were unintentional. Of intentional poisonings, suspected suicides (3,741) were recorded as the largest source of the intentional poisonings managed by the Center in 2001.

Again in 2002, suspected suicides (3,905) were listed in the majority of the intentional poisonings managed by the Center. These data are consistent with national poisoning statistics reported by the American

Association of Poison Control Centers (AAPCC).

SUSPECTED SUICIDE:	8%
UNKNOWN:	2%
ABUSE:	2%
MISUSE:	1%



REASON FOR THE POISONING:
TWO-YEAR AVERAGE

War on Terrorism –
The Anthrax Scare

Providence Journal, October, 2001



What was the result of the poisoning?

Of the exposures recorded during 2001-2002, 123 were confirmed non-exposure. Of the outcomes recorded, we see an increase from 77% in 2001 to 81% in 2002 in calls that did not require follow-up due to minimal effects. Those cases are listed below by year.

CASES NOT FOLLOWED	2001 (N=34,896)	2002 (N=42,349)
MINIMAL EFFECT	25,105	33,514
JUDGED NONTOXIC	8,026	5,942
UNABLE TO FOLLOW	1,765	2,893

In 2001, 10,220 (22.6%) were followed to determine the medical outcome of the poisoning. In 2002, that number dropped to 9,783 (18.8) that were followed for a medical outcome. Below is a table of cases that were followed:

DEFINITION OF MEDICAL OUTCOMES	CASES 2001 (N=10,220)	CASES 2002 (N=9,783)
MINOR EFFECT: The patient exhibited some symptoms as a result of the exposure, but they were minimally bothersome to the patient. The patient has returned to a pre-exposure state of well being and has no residual disability or disfigurement.	2,935	2,902
MODERATE EFFECT: The patient exhibited symptoms as a result of the exposure that are more pronounced, more prolonged or more of a systematic nature than minor symptoms.	2,216	2,168
MAJOR EFFECT: The patient has exhibited some symptoms as a result of the exposure. The symptoms were life-threatening or resulted in significant residual disability or disfigurement.	406	
DEATH: The patient died as a result of the exposure or as a direct complication of the exposure which was unlikely to have occurred had the toxic exposure not preceded the complication. Only included are those deaths that are probably or undoubtedly related to the exposure.	30	33
UNRELATED EFFECT: Based upon all information available, the exposure was probably not responsible for the effect(s).	304	427
NO EFFECT: The patient developed no symptoms as a result of the exposure.	4,329	3,727

Summary of death cases

Less than one percent of all exposures reported to the Center resulted in the death of the victim. In 2001-2002 there were a total of 63 deaths associated with poisonings, 42 were intentional acts.

AGE	N	SUBSTANCE
0-5 YEARS	3	Nitroprusside, Phenobarbital, amphotericin B
6-12 YEARS	0	
13-19 YEARS	3	Fluoxetine, diphenhydramine, unknown drug
20-29 YEARS	11	Acetaminophen, acetaminophen and hydrocodone, ketamine, THC, heroin, dietary supplement, organophosphates, paroxetine, fluoxetine, trazodone, clonazepam, diazepam, lorazepam, ethanol, doxepin, heroin, unknown drug
30-39 YEARS	11	Ethylene glycol, heroin, acetaminophen and diphenhydramine, hydrogen sulfide, amitriptyline, chloral hydrate, olanzapine, clonazepam, amitriptyline, oxycodone, acetaminophen, ecstasy, cocaine, diphenoxylate
40-49 YEARS	12	Colchicine, clonidine, chlordiazapoxide, windshield washer fluid, methanol, aspirin, tricyclic antidepressant, unknown drug, lithium, acetaminophen, risperidone, olanzapine
50-59 YEARS	10	Heroin, propoxyphene, metoprolol, sodium cyanide, propoxyphene, nifedipine, atenolol, lithium, ethylene glycol, wild mushroom, carbon monoxide
60-69 YEARS	1	Depakote
70-79 YEARS	7	Aspirin, acetaminophen, ethylene glycol, tizac, nortriptyline, acetaminophen and propoxyphene
80-89 YEARS	2	Nifedipine, verapamil
90-91 YEARS	1	Digoxin
UNKNOWN	2	GHB, Acetaminophen
TOTAL	63	

Deadly Gas Found in Boat
Where Fishermen Collapsed

Providence Journal, December 7, 2001

Appendix A

CENTER STAFF: 2001 – 2002 REGIONAL CENTER FOR POISON CONTROL AND PREVENTION

Medical Director

Alan Woolf, MD, MPH (2001)

Michele Burns, MD (2002)

Managing Director

Jackie Craigue (2001)

Anne Vaccaro (2001)

Avery Adam (2002)

Staff Toxicologists

Michael Shannon, MD, MPH

Michele Burns, MD (2002)

Edward Boyer, MD

Lawrence Quang, MD

Toxicology Consultants

Cynthia Aaron, MD

Sophia Dyer, MD

Mike Burns, MD

Susan Farrell, MD

Clinical Fellow

Stephen Salhanick, MD

Heikki Nikkanen, MD (2002)

Health Educator

Avery Adam (2001)

Elizabeth Schwartz (2002)

Vilma Rodriguez (2002)

Chief Specialist in Poison Information

Judith Woodard-Jenkins, RN, CSPI

Arlyne Barnett, RN, CSPI

Associate Chief Specialists in Poison Information

Adina Sheroff, RN, CSPI

Senior Specialists in Poison Information

Mary Houlihan, RN, CSPI

Howard Wine, RPh, CSPI

Anita Rossiter, RPh, CSPI

Bill Partridge, RN, CSPI

Alfred Aleguas, PharmD, CSPI

Specialists in Poison Information

Virginia Fortin, RN, CSPI

Susan Gavin, RN, CSPI

Margaret Girouard, RN

Cathy Kalayjian, RN

Anne Kearney, RN

Ann Tramonte, RN

Bette Pyne, RN

Jim Rorick, RPh, CSPI

Katherine Saunders, RN, CSPI

Poison Information Providers

Amanda Lofton, PharmD candidate

Stephen Wood, BS

Nancy Park, PharmD candidate

Rachel Dubroff, medical student

Tara Holzman-Ball, PharmD candidate

Jeffery Benjamin, PharmD Candidate

Angelika Miecowski, BS

Administrative Assistants

Victor R. Jarrell

Bruce Zippin (2001)

Michele Thompson (2002)

Appendix B

ADVISORY COMMITTEE

Cynthia Aaron, MD

University of Massachusetts Health Care

Kathy Austin

The Providence Center

Melinda Butterworth

Caritas House

L. Anthony Cirillo, MD

Memorial Hospital of Rhode Island

Gary Cummins, MD

Rhode Island Academy of Family Physicians

Andy Erickson

AMICA Insurance

Kathy Fabiszewski

Salem State University

Susan Gallagher

Education Development Center

Dale Rogoff Greer, RN (2001)

Neighborhood Health Plan of Rhode Island

Daniel Halpren-Ruder, MD

Emergency Medicine Physician

Wendy Krupa, RN

Rhode Island School Nurse Teachers Association.

Victor Lerish, MD

American Academy of Pediatrics,

Rhode Island Chapter

William Lewander, MD

Rhode Island Hospital

Tim Maher, PhD

Massachusetts College of Pharmacy
and Applied Health Sciences

Patricia Melaragno

Kent County Hospital

Paula McGarr, RN

Memorial Hospital of Rhode Island

Thomas Needham, Ph.D.

School of Pharmacy, University of Rhode Island

David Savastano

Johnston Fire Department

Barbara Tausey, MD

U.S. Dept. of Health and Human Services

Susan Webb

Massachusetts Medical Society

Health Department Representatives

Massachusetts Department of Public Health

Sally Fogerty

Cindy Rodgers

Janet Berkenfield

Rhode Island Department of Health

William H. Hollinshead, MD

Laurie Petrone

Regional Poison Center Representatives

Alan Woolf, MD (2001)

Avery Adam

Michele Burns, MD (2002)

Elizabeth Schwartz (2002)

Appendix C

HEALTH EDUCATION SUB-COMMITTEE

Avery Adam

Regional Poison Center

Kathy Fabiszewski

Salem State University

Susan Gallagher

Education Development Center

Sharon Galzarano

CVS

Dale Rogoff Greer (2001)

Neighborhood Health Plan

Anara Guard

Join Together

Wendy Krupa

Rhode Island School Nurse Teachers Association

Barbara McEachern

Consumer Product Safety Commission

Patti Melaragno

Kent County Hospital

Laurie Petrone

Rhode Island Department of Health

Cindy Rodgers

Massachusetts Department of Health

Vilma Rodriguez (2002)

Regional Poison Center

Julie Ross

Education Development Center

Elizabeth Schwartz (2002)

Regional Poison Center

Kathy Stimson

Massachusetts Department of Health

Appendix D

HOSPITAL CALLERS

HOSPITALS IN MASSACHUSETTS (FUNDING PARTNER IN BOLD)	CALLS: 2001	CALLS: 2002
Addison Gilbert Hospital	63	3
Anna Jaques Hospital	102	84
Athol Memorial Hospital	38	64
Bay State Health System	192	151
Berkshire Medical Center	78	106
Beth Israel Deaconess Medical Center	15	6
Beverly Hospital	144	149
Boston Medical Center	261	311
Brigham & Womens Hospital	39	59
Brockton Hospital	199	187
Cable Emergency Center	8	2
Cambridge Hospital	164	154
Cape Cod Hospital	73	79
Caritas Good Samaritan Medical Center	80	73
Caritis Norwood Hospital	135	119
Carney Hospital	117	84
Charlton Memorial Hospital	71	69
Children's Hospital Boston	197	246
Clinton Hospital	5	4
Cooley Dickinson Hospital	47	47
Deaconess Glover Hospital	6	3
Deaconess Nashoba Hospital	34	19
Emerson Hospital	19	13
Fairview Hospital	13	19
Falmouth Hospital	31	36
Faulkner Hospital	59	46
Franklin Medical Center	33	22
Harrington Memorial Hospital	69	88
HealthAlliance - Burbank Campus	1	10
HealthAlliance - Leominster Campus	68	50

Heywood Hospital	134	154
Holy Family Hospital	128	140
Holyoke Hospital	70	49
Hubbard Regional Hospital	29	31
Jordan Hospital, Inc	92	91
Lahey Clinic Hospital, Inc.	82	89
Lahey Clinic North	12	20
Lawrence General Hospital	60	42
Lawrence Memorial Hospital	48	58
Lowell General Hospital	65	70
Martha's Vineyard Hospital	24	32
Mary Lane Hospital	8	12
Massachusetts General Hospital	129	154
Melrose Wakefield	103	97
Mercy Hospital	39	24
Merrimac Valley (Hale) Hospital	129	121
Metrowest Medical Center - Framingham	115	104
Metrowest Medical Center - Natick	38	43
Milford Whitinsville Hospital	21	32
Milton Hospital	37	51
Morton Hospital & Medical Center	84	138
Mount Auburn Hospital	44	49
Nantucket Cottage Hospital	18	22
New England Medical Center and Floating Hospital for Children	54	61
Newton Wellesley Hospital	45	58
Noble Hospital	144	180
North Adams Regional Hospital	28	25
North Shore Medical Center	111	95
Quincy Hospital	36	74
Saints Memorial Med Center	54	44
Salem Hospital	53	50
Somerville Hospital	26	33
South Shore Hospital	159	167
Southern Regional Medical Center	51	84
St Annes' Hospital	74	83
St Elizabeths' Medical Center	95	90

St Lukes' Hospital	154	195
St Vincents' Hospital (Worcester Medical Center)	40	89
Sturdy Memorial Hospital	53	55
Tobey Hospital	22	10
U Mass Memorial Medical Center	120	110
UMass Memorial Marlborough Hospital	15	11
Union Hospital	36	86
VA Hospitals (Bedford, Brockton, Jamaica Plain, Northampton, West Roxbury)	24	24
Waltham (Deaconess) Hospital	44	53
Whidden Memorial Hospital	142	149
Winchester Hospital	156	153
Wing Memorial	36	38

HOSPITALS IN RHODE ISLAND	CALLS: 2001	CALLS: 2002
Kent County Memorial Hospital	252	332
Landmark Medical Center	172	171
Memorial Hospital Of Rhode Island	112	116
Miriam Hospital	63	45
Newport Hospital	68	65
Rhode Island Hospital and Hasbro Children's Hospital	398	433
Roger Williams Hospital	55	51
South County Hospital	111	132
Our Lady of Fatima Hospital (St Joseph's)	47	49
The Westerly Hospital	40	58
VA RI Hospital	15	18
Women And Infants Hospital	1	3

Appendix E

PUBLICATIONS 2001-2002

Original Reports

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Historical Timeline

1955	BOSTON POISON CONTROL CENTER ESTABLISHED. FIRST OF ITS KIND IN THE STATE AND THIRD CENTER IN THE NATION.
1955 - 1978	ADDITIONAL POISON CONTROL CENTERS ESTABLISHED IN WORCESTER, FALL RIVER, NEW BEDFORD AND SPRINGFIELD.
1973	CONGRESS PASSED THE NATIONAL EMERGENCY MEDICAL SERVICES SYSTEM ACT.
1976	MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH APPOINTED A POISON COMMITTEE TO CREATE A STATEWIDE POISON SYSTEM.
1978	MASSACHUSETTS POISON CONTROL SYSTEM REPLACED THE LOCAL POISON CENTERS.
1981	RHODE ISLAND POISON CENTER BEGAN OPERATIONS AS A COMMUNITY SERVICE FUNDED BY RHODE ISLAND HOSPITAL.
JANUARY 1999	LIFESPAN, THROUGH ITS AFFILIATE RHODE ISLAND HOSPITAL, ANNOUNCED CLOSING THE RHODE ISLAND POISON CENTER.
MARCH 1999	RHODE ISLAND GENERAL ASSEMBLY ALLOCATED STATE FUNDING FOR POISON CENTER SERVICES.
AUGUST 1999	MASSACHUSETTS AND RHODE ISLAND DEPARTMENTS OF HEALTH ISSUED JOINT REQUEST FOR PROPOSALS FOR POISON CENTER SERVICES.
JANUARY 2000	REGIONAL CENTER FOR POISON CONTROL AND PREVENTION SERVING MASSACHUSETTS AND RHODE ISLAND ESTABLISHED AT CHILDREN'S HOSPITAL.
FEBRUARY 2000	PRESIDENT CLINTON SIGNED INTO LAW THE POISON CONTROL CENTER ENHANCEMENT AND AWARENESS ACT, WHICH ALLOCATED FEDERAL FUNDING TO POISON CENTER.
MARCH 2000	MASSACHUSETTS AND RHODE ISLAND DEPARTMENTS OF HEALTH CONVENE FIRST MEETING OF THE REGIONAL POISON CENTER ADVISORY COMMITTEE.
SEPTEMBER 2001	THE REGIONAL CENTER FOR POISON CONTROL AND PREVENTION WAS AWARDED A THREE-YEAR STABILIZATION GRANT AND A TWO-YEAR COMPETITIVE GRANT FOR THE FIRST TIME THROUGH THE POISON CONTROL CENTER ENHANCEMENT AND AWARENESS ACT.
JANUARY 2002	THE NEW TOLL-FREE PHONE NUMBER (1-800-222-1222) WAS LAUNCHED NATIONWIDE.
JANUARY 2002	THE REGIONAL CENTER FOR POISON CONTROL AND PREVENTION BEGAN TAKING CALLS FROM THE STATE OF NEW HAMPSHIRE DURING THE OVERNIGHT HOURS.
SEPTEMBER 2002	THE 1ST NEW ENGLAND REGIONAL TOXICOLOGY CONFERENCE WAS HELD IN STURBRIDGE, MA



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