

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 Centers.
March 2000	Massachusetts and Rhode Island Departments of Health convened 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, Massachusetts
March 2003	The Regional Center for Poison Control and Prevention held legislative awareness events at the Massachusetts and Rhode Island State Houses during Poison Prevention Week to draw attention to our funding needs.
June 2003	US Food and Drug Administration subcommittee voted, 6 to 4, in favor of removing ipecac from over-the-counter status.
September 2003	The Regional Center for Poison Control and Prevention was awarded a two-year competitive grant for the second time through the Poison Control Center Enhancement and Awareness Act.
September 2003	The 2nd Annual New England Regional Toxicology Conference was held in Storrs, CT.
November 2003	American Academy of Pediatrics announced its new policy on Poison Treatment in the Home. It recommends that syrup of ipecac should no longer be used routinely as a poison treatment intervention in the home.
December 2003	President Bush signed into law P.L. 108-194, the Poison Control Center Enhancement and Awareness Act Amendments of 2003, reauthorizing P.L. 106-174.



REGIONAL CENTER FOR POISON CONTROL AND PREVENTION

SERVING MASSACHUSETTS & RHODE ISLAND

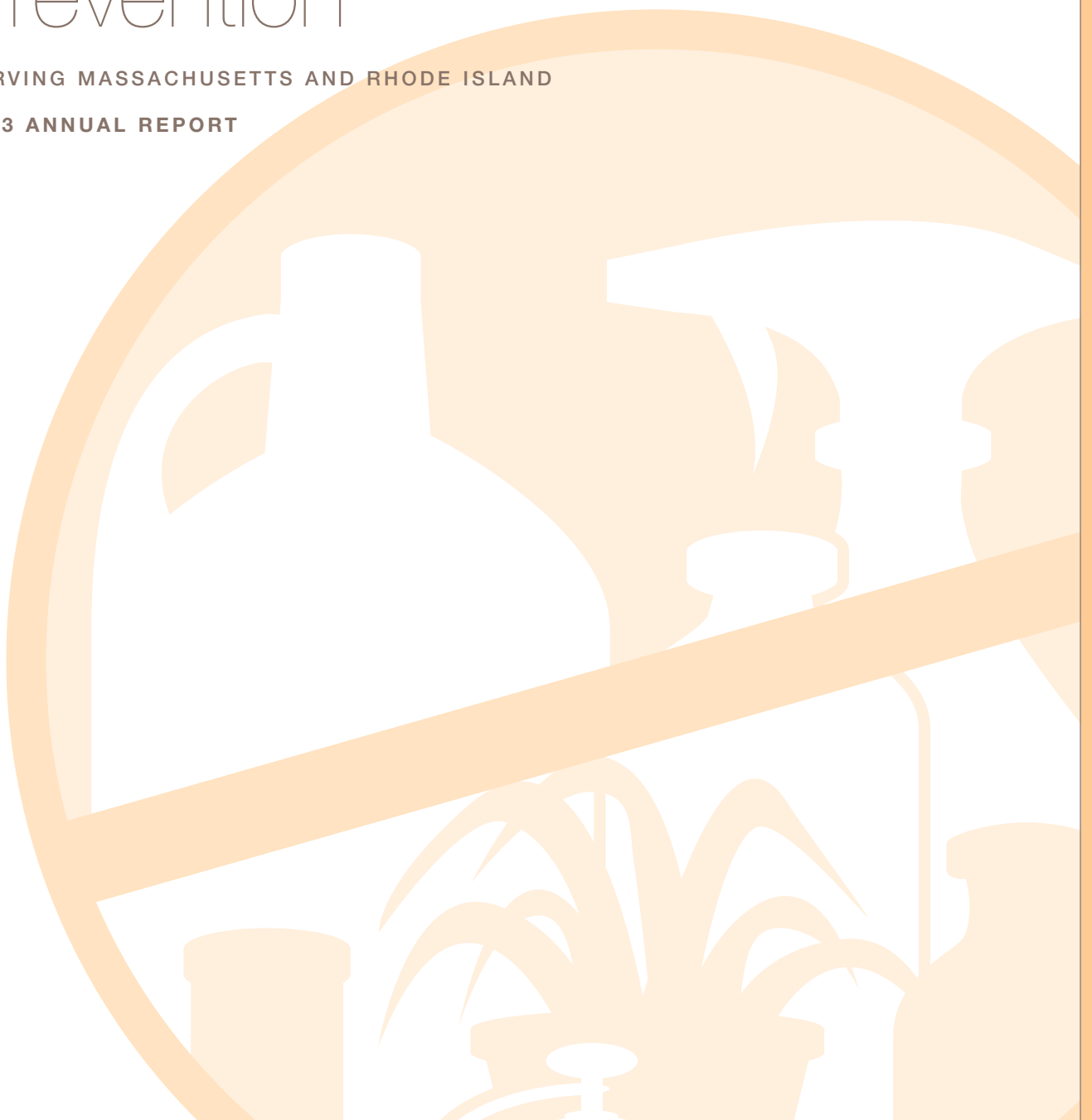
CHILDREN'S HOSPITAL BOSTON, 300 LONGWOOD AVENUE, BOSTON, MA 02115, 800-222-1222

WWW.MARIPOISONCENTER.COM

Regional Center for Poison Control and Prevention

SERVING MASSACHUSETTS AND RHODE ISLAND

2003 ANNUAL REPORT





MORGAN, AGE 2,
ARSENIC POISONING



BENJAMIN, AGE 4 MONTHS,
ARSENIC POISONING

This report is in memory of Benjamin

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Executive Report

Joint poison control services for Massachusetts and Rhode Island have been provided by the Regional Center for Poison Control and Prevention since January 2000. This report provides information on the demographics and substances involved in poisonings reported within the region during 2003, as well as the treatments and outcomes of these cases.

In March 2003 the Center celebrated Poison Prevention Week with two legislative awareness events. The Massachusetts event featured Representative Martin J. Walsh of the 13th Suffolk District and Darcie A. Fisher, TV Healthwatch reporter for WB56, who addressed the importance of poison prevention for people of all ages across the Commonwealth. The event also featured Howard Wolfe, from the Inhalant Abuse Task Force and several interactive displays from local service organizations.

In Rhode Island, Senator Blais drafted a Senate Resolution in support of Poison Prevention Week. The event culminated with the Center staff being introduced after the resolution was read aloud in House chambers. Senator Blais and Senator Polisena likewise addressed the importance of maintaining funding for the Poison Center in Rhode Island.

Also in March 2003, the home treatment of poisoning changed significantly when the US Food and Drug Administration voted to remove syrup of ipecac from its over-the-counter status. Later in the year, the American Academy of Pediatrics announced its new policy, "Poison Treatment in the Home", stating that syrup of ipecac is no longer to be used routinely as a home treatment strategy.

Throughout the year the Center participated in the first Poison Data Book project with the Northeast Injury Prevention Network. Together, both State Health Departments and Poison Control Centers created a data book that would serve as a catalyst for increasing attention on the prevention of poisoning, with the goals of reducing the morbidity and mortality associated with poisoning at all ages. The report will be available in 2004.

The Center completed the original incentive grant initiative with the New England Consortium of Poison Centers by holding the second annual Regional Toxicology Conference. The New England Consortium expanded in 2003 to include Maine and Vermont when the second incentive grant was awarded. The new grant will focus on chronic, predominantly low-intensity environmental exposures and anticipated outcomes.

With national security concerns always present, all segments of the population, including the general public, law enforcement, legislative bodies, first responders, health care providers, and public health specialists have utilized poison control center resources as part of the public health response to chemical/biological terrorism threats. The Center cooperates with national efforts in toxicology surveillance systems that have the potential for early detection of a toxic exposure or bioterrorism response. Locally, the Center also continues to participate in regional exercises to test the protocols and identify gaps in preparedness.

As federal legislation moved forward to reauthorize the Poison Center Stabilization and Enhancement Act of 2000, the Institute of Medicine (IOM) was asked by the Health Resources and Services Administration (HRSA) to assist in developing a more systematic approach to understanding, stabilizing and providing long-term support for poison prevention and control services. The IOM is expected to have a final report in March 2004. The year finished on a high point when President Bush signed into law the Poison Center Stabilization and Enhancement Act of 2003. This legislation reauthorized the act that was originally signed in 2000 by President Clinton which awarded federal funding to all poison centers.



Mission

The mission of Regional Center for Poison Control and Prevention is 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.

Financials

In fiscal year 2003, the annual operating budget for the Regional Center for Poison Control and Prevention was over \$2 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 and Harvard Pilgrim Health Care. The Center continues to receive funds appropriated to all centers nationwide from the Poison Control Center Enhancement and Awareness Act of 2000. The following table highlights revenue and expenditures for fiscal year 2003.

FISCAL YEAR 2003 (JULY 2002 – JUNE 2003)	
OPERATING REVENUE	
DEPARTMENT OF PUBLIC HEALTH, MASSACHUSETTS	\$ 520,440
DEPARTMENT OF HEALTH, RHODE ISLAND	\$ 300,000
FEDERAL STABILIZATION GRANT	\$ 353,420
FEDERAL NEW ENGLAND CONSORTIUM GRANT	\$ 55,535
FUNDING PARTNERS	\$ 101,230
NEW HAMPSHIRE NIGHT CONTACT	\$ 34,286
PHARMACY TRAINING PROGRAMS	\$ 1,000
ORPHAN MEDICAL, INC. GRANT	\$ 1,000
SUB-TOTAL	\$ 1,366,911
CHILDREN'S HOSPITAL IN-KIND	\$ 710,794
TOTAL	\$ 2,077,705
DIRECT EXPENSES	
SALARIES AND BENEFITS	\$ 1,123,661
TELEPHONE	\$ 54,371
PRINTING AND POSTAGE	\$ 43,098
TOXICALL SOFTWARE LICENSING FEE	\$ 30,618
TRAVEL	\$ 15,937
EDUCATIONAL MATERIALS	\$ 14,360
SUPPLIES	\$ 12,407
DUES/MEMBERSHIPS	\$ 3,562
OTHER	\$ 395
CARRYOVER (FY 02)	\$ 1,330
SUB-TOTAL	\$ 1,299,739
CHILDREN'S HOSPITAL IN KIND	\$ 710,794
TOTAL	\$ 2,010,533
BALANCE:	\$ 67,172



FDA Finds Ipecac's Risks
Outweigh Benefits

Boston Globe, July 1, 2003

Public Education

The goal of the Poison Control Center's public education program is to reduce both intentional and unintentional poisoning by educating and promoting the programs' services. In 2003, the Center's Health Education sub-committee continued to convene on a quarterly basis to advise the Poison Control Center's staff on effective strategies for the implementation of the goals and objectives of the Strategic Plan created in the year 2000. The plan's priorities were revised in 2003, at which time the elderly were identified as a priority target population. (A list of committee members is included in Appendix C.)

2003 Accomplishments:

- » Continued to promote the 1-800-222-1222 nation-wide hotline number.
- » Created and distributed poison safety information cards for Grandparents Day.
- » Targeted outreach efforts to members of the legislature in both states.
- » Developed the Medicine Passport. The Passport is to be completed by patients with the assistance of their health care providers (including physicians, dentists, nurses and pharmacists) and serves as a record of medical history and medications. It helps patients keep track of their medications to avoid potential poisonings.
- » Contributed to the development of the first New England Consortium of Poison Centers regional newsletter focusing on environmental toxins and poison issues (HRSA Grant), writing articles on Carbon Monoxide Safety (both English and Spanish) and Cold Medicine Abuse.
- » Distributed more than 500 copies of "Spike's Poison Prevention Adventure" – a video preschool poison education curriculum
- » Created an Antidote poster – the Center created a list of common poisons and their potential antidotes as a guide for Emergency Department physicians and nurses. The poster was distributed to Emergency Departments throughout Massachusetts and Rhode Island.
- » Increased distribution of poison prevention materials to 749,000 audiences in Massachusetts and Rhode Island. This represents a 41% increase in distribution over the year 2002.

MATERIALS AVAILABLE THROUGH THE CENTER:
TELEPHONE STICKERS (ENGLISH & SPANISH)
REFRIGERATOR MAGNETS
POISON CENTER BROCHURE (ENGLISH AND SPANISH)
MEDICINE PASSPORT FOR SENIORS (NEW)
ALCOHOL SAFETY AND THE HOLIDAYS BROCHURE (NEW)
SPIKE'S POISON PREVENTION ADVENTURE VIDEO (NEW)
FACT SHEETS AVAILABLE THROUGH THE CENTER:
PREVENT POISONING IN YOUR HOME
CARBON MONOXIDE INFORMATION
SEASONAL SAFETY INFORMATION
SAFE PLANTS/ POISONOUS PLANTS
IPECAC ALERT (NEW)
CHILDREN ACT FAST...SO DO POISONS

Professional Education

The Professional Education program at the Regional Center for Poison Control and Prevention is comprised of three components: continuing education for center staff, education for health professionals, and extramural education for health professionals. The Center has continued to provide the highest quality professional development to its staff, as well as the professional community outside the Center.

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.
- » Participated in New England Regional Toxicology Conference and New England Consortium seminars.

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 the Massachusetts College of Pharmacy and Health Science participated in a six-week rotation through the Regional Poison Center.
- » *Emergency Medicine Resident Clerkship*: Third-year residents from Boston Medical Center, Brigham and Women's Hospital, Massachusetts General Hospital, Rhode Island Hospital, University of Massachusetts, and the Harvard University-affiliated hospitals participated in a one-month rotation through the Center.

Education for Health Professionals – Extramural

- » Conducted lectures on clinical toxicology at the Massachusetts College of Pharmacy and Health Science as well as 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?



In 2003, the Center managed a total of 68,598 incoming calls, including 52,739 exposure calls and 15,859 information calls. In January 2003 the Center changed its pill identification policy to prioritize assistance to health care and law enforcement professionals. This change represents the 15% decrease in overall call volume.

TYPE OF CALL	2000	2001	2002	2003
INFORMATION	9,179	15,785	25,209	15,859
ALL EXPOSURES	47,821	45,193	52,181	52,739
TOTAL	57,000	60,978	77,390	68,598

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.

TYPE OF CALL RHODE ISLAND	2000	2001	2002	2003
INFORMATION	1,053	1,713	2,768	2,954
EXPOSURE	6,583	6,093	8,335	7,415
TOTAL	7,636	7,806	11,103	10,369

TYPE OF CALL MASSACHUSETTS	2000	2001	2002	2003
INFORMATION	7,959	13,724	22,020	12,653
EXPOSURE	40,637	38,387	42,340	43,874
TOTAL	48,596	52,111	64,360	56,526

Penetrance

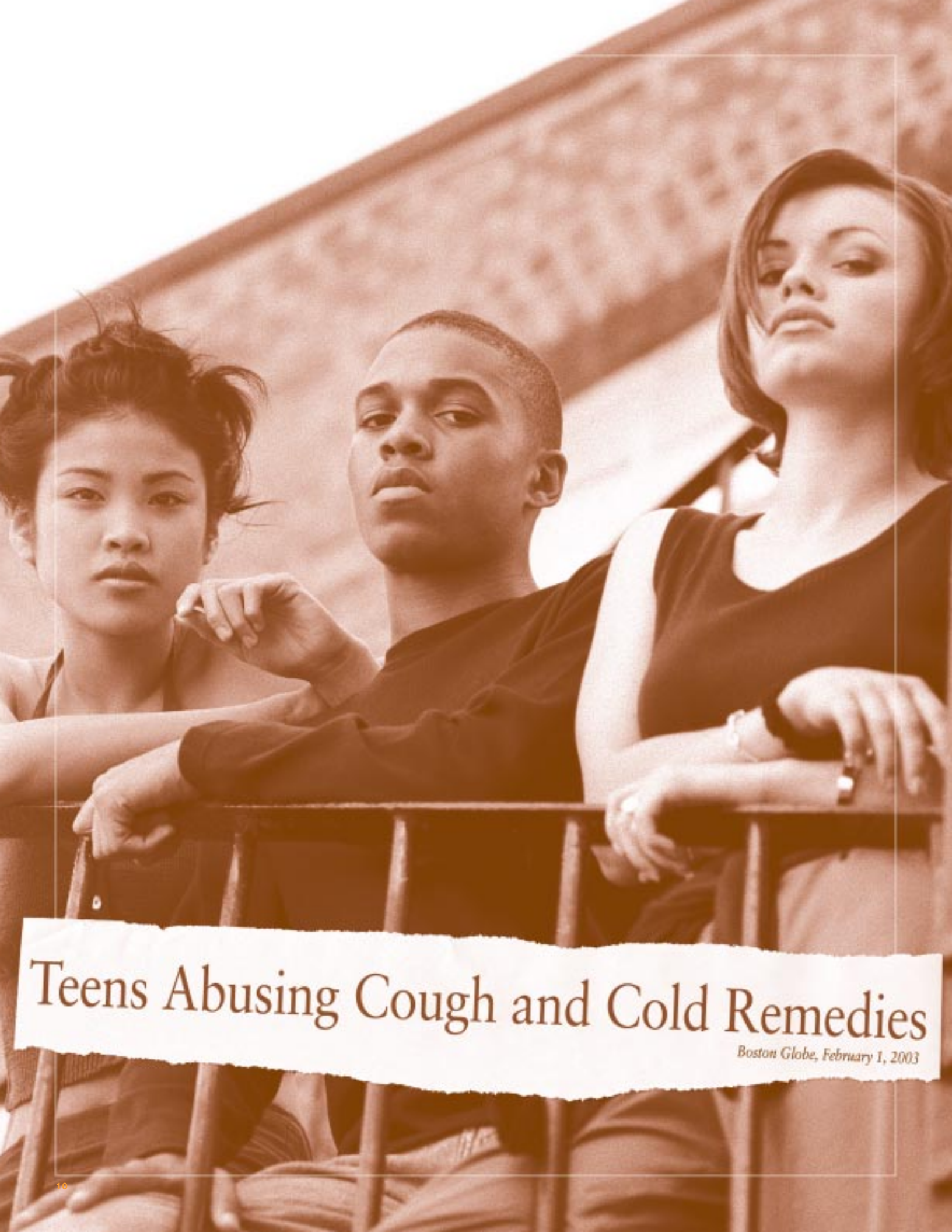
In order to keep trend data consistent, the definition of penetrance will only include the number of human exposure calls handled per 1,000 population. In 2001, the American Association of Poison Control Centers changed the definition of penetrance to include information calls; however, we are not using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

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							
COUNTY	POPULATION	2001		2002		2003	
		EXPOSURES	PENETRANCE	EXPOSURES	PENETRANCE	EXPOSURES	PENETRANCE
BARNSTABLE	222,230	1,295	5.8	1,450	6.5	1,428	6.4
BERKSHIRE	134,953	714	5.3	821	6.1	757	5.6
BRISTOL	534,678	2,604	4.9	3,101	5.8	2,797	5.2
DUKES	14,987	117	7.8	124	8.3	126	8.4
ESSEX	723,419	3,944	5.5	4,327	6.0	4,024	5.6
FRANKLIN	71,535	375	5.3	371	5.2	553	7.7
HAMPDEN	456,228	2,201	4.8	2,411	5.3	2,230	4.9
HAMPSHIRE	152,251	669	4.4	828	5.4	779	5.1
MIDDLESEX	1,465,396	8,551	5.8	9,443	6.4	8,361	5.7
NANTUCKET	9,520	73	7.7	103	10.8	69	7.2
NORFOLK	650,308	3,887	6.0	4,451	6.8	4,073	6.3
PLYMOUTH	472,822	3,318	7.0	3,547	7.6	3,270	6.9
SUFFOLK	689,807	3,673	5.3	3,856	5.6	2,929	4.2
WORCESTER	750,963	3,875	5.2	4,546	6.1	4,610	6.1
NOT SPECIFIED						7,826	
MA STATE	6,349,097	38,387	6.0	42,340	6.7	43,831	6.9

CALL PENETRANCE BY CORE CITY: RHODE ISLAND							
CORE CITY	POPULATION	2001		2002		2003	
		EXPOSURES	PENETRANCE	EXPOSURES	PENETRANCE	EXPOSURES	PENETRANCE
CENTRAL FALLS	17,197	42	2.5	152	8.8	74	4.3
NEWPORT	28,184	193	6.8	273	9.7	235	8.3
PAWTUCKET	71,784	562	7.8	647	9.0	616	8.6
PROVIDENCE	156,727	1,144	7.3	1,340	8.5	1,922	12.3
WOONSOCKET	43,377	195	4.5	312	7.2	398	9.2
ALL OTHERS	694,691	3,957	5.7	5,611	8.1	4,163	6.0
RI STATE	1,011,960	6,093	6.0	8,335	8.2	7,408	7.3

POPULATION DATA SOURCE: US CENSUS BUREAU, 2000



Teens Abusing Cough and Cold Remedies

Boston Globe, February 1, 2003

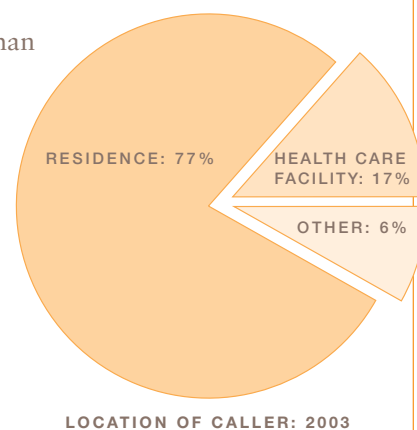
Where do poisonings happen?

Of the 52,688 human exposure calls managed by the Center in 2003, about 92% (48,415) were exposures in a residence with the remaining 8% (4,273) occurring in other locations such as schools, workplaces and other public areas.

Where do calls come from?

In 2003 more than 77% of the exposure calls came from residences, 17% (8,904) from health care facilities and medical professionals with the remaining 5% (3,250) coming from various sources such as public areas, schools and workplaces. The caller's location was unknown in less than 0.1% (69) of cases.

The graph to the right represents caller location distribution for 2003. Appendix D contains a breakdown of the number of calls by Hospital across the two-state region.



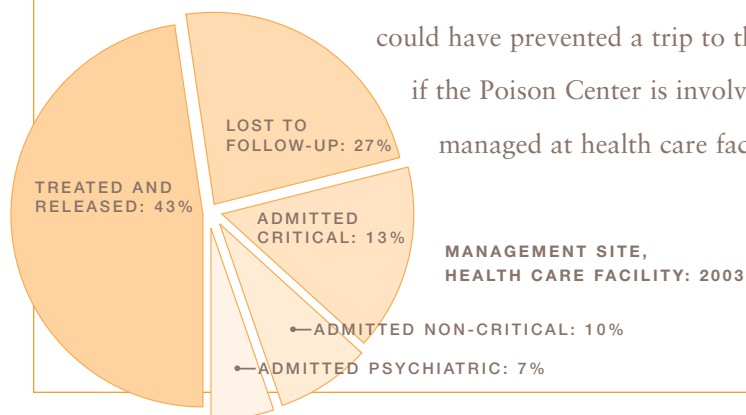
Where are poisonings managed?

In 2003 the majority of the human exposure calls (74%) were managed on-site at a non health care facility. This year's figure represents a slight increase in the number of cases treated at a Health Care Facility.

MANAGEMENT SITE	2003
ON SITE	39,100
HEALTH CARE FACILITY	11,651
UNKNOWN	1,610
REFUSED REFERRAL	327

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, the potential for cost savings exists if the Poison Center is involved prior to the hospital. A graph below show calls managed at health care facilities.

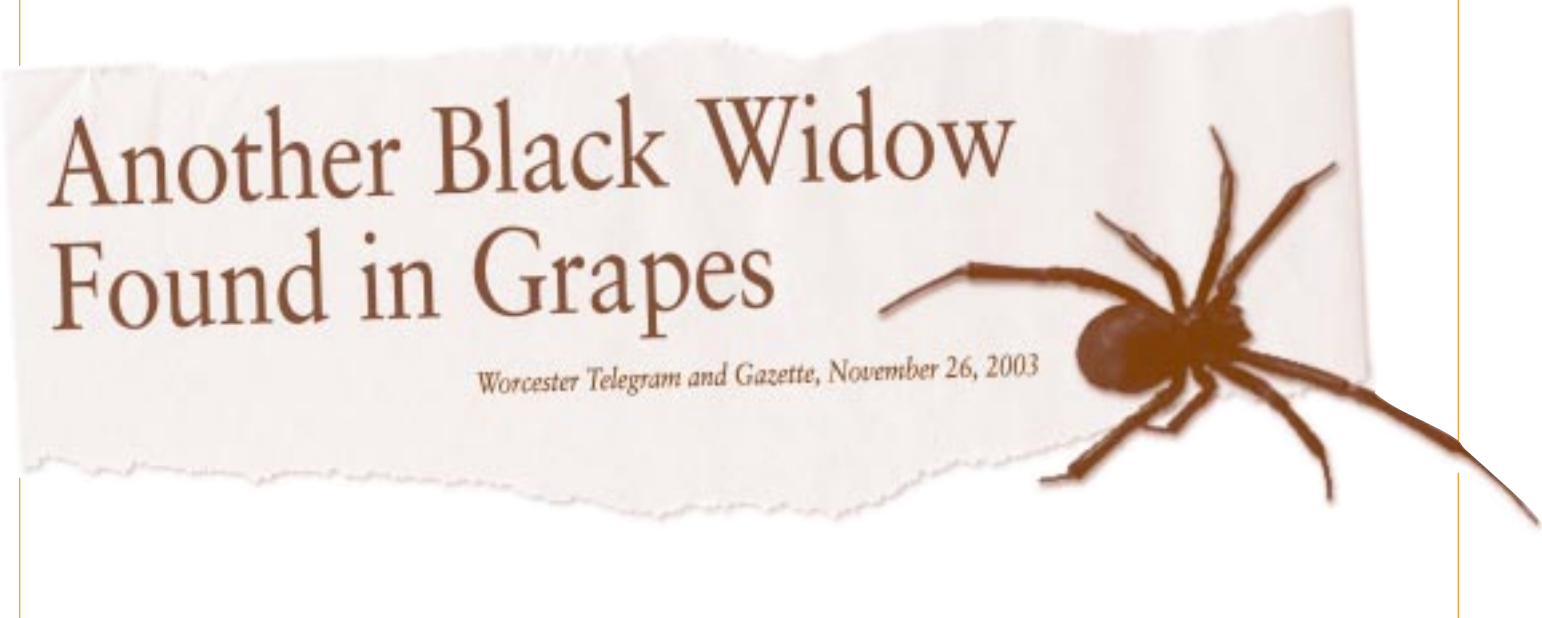
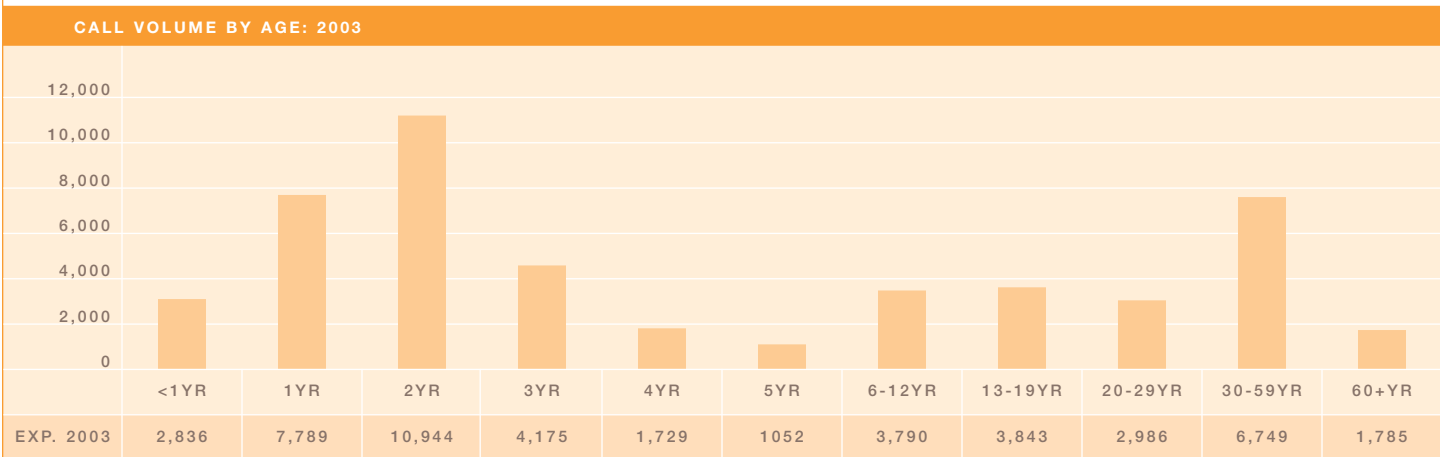


Who are the poisoned?

Of the 52,688 human exposure calls answered in 2003, specific age was captured for 47,768 cases. Almost 55% (28,841) of the exposure calls involved children 5 years and younger. Specifically, the greatest numbers of exposure calls involve two-year-olds; 10,944 calls for this age group were received, representing over 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 51,948 calls in 2003. Overall, the increase in total calls has not changed the distribution of the age or gender for exposure calls.

GENDER	2003
MALES	25,924
FEMALES	26,024
TOTAL	51,948



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 in each category has remained consistent over the past three years.

In 2003 non-drug products comprised 42% (32,015) of all calls. Items included in this category are cosmetic/personal care products and household cleaning products. Pesticides are new to this top five list, narrowly ranking higher than arts and crafts/office supplies.

TOP FIVE SUBSTANCES MOST FREQUENTLY INVOLVED IN NON-DRUG RELATED EXPOSURES, 2003

SUBSTANCE	MOST COMMON PRODUCTS
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
PESTICIDES	INSECT SPRAYS, ANT TRAPS, MOTHBALLS, MOUSE BAITS

In 2003 drugs were the reported agent in 48% (36,624) of all poisonings. Substances such as aspirin and acetaminophen were at the top of the list again this year.

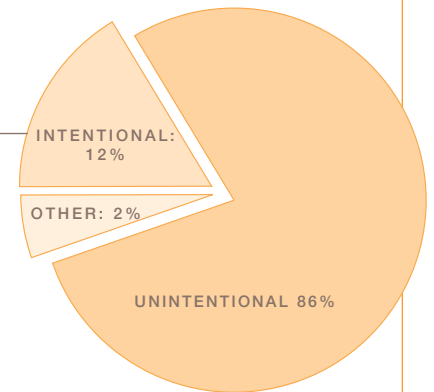
TOP FIVE SUBSTANCES MOST FREQUENTLY INVOLVED IN DRUG RELATED EXPOSURES, 2003

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

What was the reason for the poisoning?

The majority of the human exposures were unintentional. Of intentional poisonings, suspected suicides (3,527) were recorded as the largest source of the intentional poisonings managed by the Center in 2003. These data are consistent with national poisoning statistics reported by the American Association of Poison Control Centers (AAPCC).

SUSPECTED SUICIDE:	7%
UNKNOWN:	2%
ABUSE:	2%
MISUSE:	1%



REASON FOR THE POISONING:
2003



Carbon Monoxide Scares
Show Need for Detectors

Springfield Union-News, March 10, 2003

What was the result of the poisoning?

Of the outcomes recorded for human exposures in 2003, 82.4% did not require follow-up due to minimal effects. Those cases are listed to the right.

In 2003, 9,291 (17.6%) human exposures were followed to determine the medical outcome of the poisoning. Below is a table of cases that were followed:

CASES NOT FOLLOWED	N=43,396
MINIMAL EFFECT	35,131
JUDGED NONTOXIC	5,055
UNABLE TO FOLLOW	3,210

DEFINITION OF MEDICAL OUTCOMES	2003
<p>MINOR EFFECT:</p> <p>The patient exhibited some symptoms as a result of the exposure, but they were minimally bothersome to the patient.</p> <p>The patient has returned to a pre-exposure state of well being and has no residual disability or disfigurement.</p>	2,871
<p>MODERATE EFFECT:</p> <p>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.</p>	2,011
<p>MAJOR EFFECT:</p> <p>The patient has exhibited some symptoms as a result of the exposure.</p> <p>The symptoms were life-threatening or resulted in significant residual disability or disfigurement.</p>	755
<p>DEATH:</p> <p>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.</p> <p>Only included are those deaths that are probably or undoubtedly related to the exposure.</p>	29
<p>UNRELATED EFFECT:</p> <p>Based upon all information available, the exposure was probably not responsible for the effect(s).</p>	411
<p>NO EFFECT:</p> <p>The patient developed no symptoms as a result of the exposure.</p>	3,215

Summary of death cases

The deaths listed below reflect those cases called into the Center from health care facilities with a poison related cause of death. These calls represent less than one percent of all exposure calls to the Center. The number of deaths reported to the Center may be significantly lower when compared to other data sources.

AGE	N	SUBSTANCE
0-5 YEARS	1	ARSENIC
6-12 YEARS	0	
13-19 YEARS	4	OXYCODONE, CLONAZEPAM, ZOLPIDEM, COCAINE, METOPROLOL, HEROIN, ACETAMINOPHEN
20-29 YEARS	1	ACETAMINOPHEN
30-39 YEARS	2	COCAINE, VERAPAMIL
40-49 YEARS	9	AMITRIPTYLINE, ACETAMINOPHEN, CLONAZEPAM, QUETIAPINE, ACETAMINOPHEN AND HYDROCODONE, CHLORDIAZEPOXIDE, LITHIUM, CARBAMAZEPINE, BUPROPION, ALPRAZOLAM, PROPRANOLOL HYDROCHLORIDE, HYDROXYCHLOROQUINE SULFATE, SERTRALINE, TRAZADONE, KEPPRA, ROFECOXIB, FLUDROCORTISONE ACETATE, ACETAMINOPHEN AND OXYCODONE, COCAINE
50-59 YEARS	1	ACETAMINOPHEN AND OXYCODONE
60-69 YEARS	4	PLAQUENIL, METHOTREXATE, DIGOXIN, SPANISH FLY (CANTHARIS VESICATORIA)
70-79 YEARS	5	PINE CLEANER, ACETAMINOPHEN, DIGOXIN, VERAPAMIL
80-89 YEARS	2	VERAPAMIL, CARDIAC GLYCOSIDE
90-91 YEARS	0	
TOTAL	29	

The Station Nightclub Disaster:
Toxic Gases Killed Most Fire Victims

Providence Journal, July 12, 2003

Appendix A

2003 CENTER STAFF: REGIONAL CENTER FOR POISON CONTROL AND PREVENTION

Medical Director

Michele Burns, MD

Managing Director

Avery Adam, MS

Staff Toxicologists

Edward Boyer, MD

Stephen Salhanick, MD

Michael Shannon, MD, MPH

Robert Wright, MD

Toxicology Consultants

Cynthia Aaron, MD

Mike Burns, MD

Sophia Dyer, MD

Steve Traub, MD

Clinical Fellow

Melisa Lai, MD

Heikki Nikkanen, MD

Health Educator

Jill Griffin, MPH

Vilma Rodriguez

Elizabeth Schwartz, MPH

Chief Specialist in Poison Information

Arlyne Barnett, RN, CSPI

Associate Chief Specialists in Poison Information

Adina Sheroff, RN, CSPI

Specialists in Poison Information

Alfred Aleguas, Pharm.D, CSPI

Jeffery Benjamin, PharmD

Virginia Fortin, RN, CSPI

Susan Gavin, RN, CSPI

Margaret Girouard, RN

Mary Houlihan, RN, CSPI

Cathy Kalayjian, RN

Joel Myers, NP, CSPI

Bill Partridge, RN, CSPI

Jim Rorick, RPh, CSPI

Anita Rossiter, RPh, CSPI

Katherine Saunders, RN, CSPI

Iris Sheinhait, Pharm D.

Howard Wine, RPh, CSPI

Poison Information Providers

Tara Holzman-Ball, PharmD candidate

Angelika Mieczkowski, BS

Administrative Assistants

Victor R. Jarrell

Michelle Thompson

Appendix B

ADVISORY COMMITTEE

Cynthia Aaron, MD

University of Massachusetts Health Care

Angela Anderson, MD

Rhode Island Hospital

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

Anara Guard

Join Together

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

Avery Adam

Michele Burns, MD

Elizabeth Schwartz

Vilma Rodriguez

Jill Griffin

Appendix C

HEALTH EDUCATION SUB-COMMITTEE

Avery Adam

Regional Poison Center

Kathy Fabiszewski

Salem State University

Susan Gallagher

Education Development Center

Jill Griffin

Regional Poison Center

Anara Guard

Join Together

Barbara McEachern

US Consumer Product Safety Commission

Patti Melaragno

Kent County Hospital

Laurie Petrone

Rhode Island Department of Health

Cindy Rodgers

Massachusetts Department of Public Health

Vilma Rodriguez

Regional Poison Center

Julie Ross

Education Development Center

Elizabeth Schwartz

Regional Poison Center

Kathy Stimson

Massachusetts Department of Public Health

Appendix D

HOSPITAL CALLERS

HOSPITALS IN MASSACHUSETTS	CALLS: 2003
<i>(funding partners in bold)</i>	
Anna Jaques Hospital	94
Athol Memorial Hospital	62
Bay State Health System	218
Berkshire Medical Center	138
Beth Israel Deaconess Medical Center	24
Boston Medical Center	377
Brigham & Womens Hospital	69
Brockton Hospital	232
Cable Emergency Center	
Cambridge Hospital	174
Cape Cod Hospital	68
Caritas Good Samaritan Medical Center	89
Caritis Norwood Hospital	142
Carney Hospital	86
Children's Hospital Boston	229
Clinton Hospital	3
Cooley Dickinson Hospital	52
Dana Farber Cancer Institute	
Beth Israel Deaconess – Needham	14
Nashoba Valley Hospital	10
Emerson Hospital	20
Fairview Hospital	16
Falmouth Hospital	58
Faulkner Hospital	39
Franklin Medical Center	14
Harrington Memorial Hospital	77
Hallmark Health System	
» Lawrence Memorial Hospital	49
» Melrose Wakefield	81

HOSPITALS IN MASSACHUSETTS	CALLS: 2003
HealthAlliance - Burbank Campus	2
HealthAlliance - Leominster Campus	42
Heywood Hospital	131
Holy Family Hospital	138
Holyoke Hospital	60
Hubbard Regional Hospital	36
Jordan Hospital, Inc	92
Lahey Clinic Hospital, Inc.	77
Lahey Clinic North	16
Lawrence General Hospital	75
Lowell General Hospital	69
Martha's Vineyard Hospital	44
Mary Lane Hospital	9
Massachusetts Eye and Ear Infirmary	0
Massachusetts General Hospital	143
Mercy Hospital	31
Merrimac Valley (Hale) Hospital	101
Metrowest Medical Center - Framingham	142
Metrowest Medical Center - Natick	48
Milford Whitinsville Hospital	4
Milton Hospital	49
Morton Hospital & Medical Center	130
Mount Auburn Hospital	75
Nantucket Cottage Hospital	23
New England Medical Center and Floating Hospital for Children	66
Newton Wellesley Hospital	83
Noble Hospital	181
Northeast Hospitals	
» Addison Gilbert Hospital	34

HOSPITALS IN MASSACHUSETTS	CALLS: 2003
» Beverly Hospital	186
North Adams Regional Hospital	16
North Shore Medical Center	123
Quincy Hospital	102
Saints Memorial Med Center	53
Salem Hospital	35
Somerville Hospital	46
Southcoast Hospitals Group	
» St Lukes' Hospital	264
» Tobey Hospital	28
» Charlton Memorial Hospital	69
South Shore Hospital	200
Southern NH Regional Medical Center	58
St Annes' Hospital	106
St Elizabeths' Medical Center	81
Worcester Medical Center - St Vincents' Hospital	147
Sturdy Memorial Hospital	46
U Mass Memorial Medical Center	50
U Mass Memorial Marlborough Hospital	8
Union Hospital	65
VA Hospitals (Bedford, Brockton, Jamaica Plain, Northampton, West Roxbury)	31
Waltham (Deaconess) Hospital	35
Whidden Memorial Hospital	127
Winchester Hospital	196
Wing Memorial	30

HOSPITALS IN RHODE ISLAND	CALLS: 2003
Kent County Memorial Hospital	297
Landmark Medical Center	119
Memorial Hospital Of Rhode Island	185
Miriam Hospital	57
Newport Hospital	79
Rhode Island Hospital & Hasbro Children's Hospital	389
Roger Williams Hospital	69
South County Hospital	120
Our Lady of Fatima Hospital (St Joseph's)	42
The Westerly Hospital	47
VA RI Hospital	13
Women And Infants Hospital	6

Appendix E

PUBLICATIONS 2003

Original Research

Amato C, Wang RY, Wright RO, Linakis JL. Evaluation Of Promotility Agents To Limit The Gut Bioavailability Of Extended Release Acetaminophen. *Journal Of Toxicology – Clinical Toxicology* (accepted, in press)

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Wright RO, Tsaih ST, Schwartz J, Spiro A, McDonald K, Weiss ST, Hu H. Independent and Modifying Effects of Lead Dose Biomarkers on Mini-Mental Status Exam Scores in Older Men. Epidemiology. 14(6); 713-718, 2003.

Book Chapters/Reviews

Flynn E, Matz P, Woolf AD, Wright RO, MD. Monograph: Indoor Air Pollutants Affecting Child Health Int J Med Toxicol. 2003;6(3)12.

Lai MW. Decompression Sickness. In: Walls RM, Zane RD, editors. Pocket Emergency Medicine – The Harvard Handbook of Emergency Medicine. NYC: Lippincott, Williams and Wilkins; 2003. pp.289-292.

Lai MW. Overdoses and unknown ingestions – Basic Toxicology. In: Walls RM, Zane RD, editors. Pocket Emergency Medicine – The Harvard Handbook of Emergency Medicine. NYC: Lippincott, Williams and Wilkins; 2003. pp. 140-148.

Wright RO, Woolf AD. Methemoglobinemia. In Ellenhorn’s Medical Toxicology. 3rd edition. Editor Seth Schonwald. Williams and Wilkins; 2003. (in press)

In Memorium

Judith Wodard-Jenkins, RN, CSPI died on November 1, 2003. Judy was a dedicated member of the nursing staff at Children's Hospital, Boston, serving as a specialist in poison information at the Massachusetts Poison Control System for almost 18 years. She was the chief specialist there for more than a decade. Judy accepted the challenges of leadership within the poison control center with a spirit of generosity and teamwork, aided and abetted by a 'can-do' reliability and the determination to see each crisis through to a successful outcome. For a 24-hour emergency service like poison control, such a philosophy is indispensable. When the poison control center was confronted with the usual staffing or administrative or budgetary challenges, Judy could be counted upon to bring us together as a team.

She was a dedicated mother, a trusted colleague, and a valued friend. All of us will miss her.

We are very sorry to report that **Arlyne Barnett**, MS, RN, CSPI passed away on November 13, 2003.

Arlyne had served as a specialist in poison information at the Massachusetts/Rhode Island Poison Control System since 1988 and had been promoted to Assistant Chief SPI in 1998 and then Chief SPI in 2000.

She anchored the night shift for the Massachusetts poison control center for more than a dozen years, and continued in that role as the poison center further regionalized to include Rhode Island in 2000.

Arlyne was a wonderful mother, friend and colleague. Her death is a tremendous loss to our poison control family.

