

# Be aware of child poison dangers

By JOANNE KOSKIE  
Herald Special

If statistics hold true for 1992, more than 5,000 children in British Columbia will be treated or hospitalized for poisoning; more than 1,000 in Nova Scotia and more than 4,000 in Ontario. An estimated 500 of these cases will result in death.

What steps can you take to ensure that your child won't be one of them.

Dr. Margaret Wood, Paediatrician at Toronto's Hospital For Sick Children, agrees that "it's a challenge to foresee the curiosity and imagination of a child.

"Go through your house from top to bottom and sort with little people in mind," writes Dr. Wood in her book entitled, *The Baby and Child Care Quick Reference Encyclopedia*. "Throw out, securely package or put well away anything that isn't suitable to leave about."

Research shows that children between the age of one and four are most likely to have an accident in the home. The most recent data from Statistics Canada (1987) shows that about half of the cases of poisoning reported occurred in children of that age group.

At the Ontario Regional Poison Information Centre, located at the Hospital for Sick Children in Toronto, about 44 per cent of reported poisonings occur in children under five.

Valerie Wilkins, R.N., a ten-year veteran and manager of the Poison Control Centre in Toronto, agrees that no matter how careful a parent is, accidents can and will happen. "I always tell parent groups that prevention is the first line of defence against accidental poisoning," says Wilkins. The Centre averages

6 4 0 0 0 calls each year regarding ingestion by children. Household cleaning products (29 per cent) followed by plants (21 per cent) and children's medication (10 per cent) are most commonly reported.

Poison prevention can save a child's life. Accidents can be avoided by storing cleaning products separate from food and well out of reach of curious preschoolers. Safety latches on cupboard doors add extra security.

In her book, Dr. Wood recommends throwing away toxic products like rat poison, roach powder, borax, carbolic acid, lye, caustic soda and strong acids.

Some chemical products have been available for many years in containers that are tamper-evident and won't spill or leak. The sealed aerosol can is one example. This type of container dispenses a small amount of product making it difficult for a child to ingest a harmful quantity. And parents can now use aerosols without concern since the industry has removed ozone-

damaging chlorofluorocarbon (CFC) propellants from all consumer aerosol products.

More recent developments in safer products include: child-resistant caps on bottles of medicine or cleaners and the use of "Bittrex", a bittering agent that manufacturers add to highly corrosive products, like drain cleaner, to discourage ingestion. Remember that this is only a deterrent: just one swallow of a corrosive product can cause serious harm to a child.

Wilkins also cautions parents against removing products from their original containers. Manufacturers are required by law to clearly list ingredients and warning symbols. Labels on premixed products in bottles, tubes, jar and aerosol cans provide vital information in case of

an accident.

"Without the re-introduction of do-it-yourself cleaners," adds Wilkins, "parents should recognize that environmentally-safe claims don't always mean non-toxic." Do-it-yourselfers should be aware that mixing the wrong chemical substances can produce toxic, even deadly, gases. Always label the contents clearly on each bottle.

House plants are another major cause of child poisonings around the home. It's important to know the names of your plants and whether or not they're potential hazards. Poisonous house plants and flowers include: philodendron, dieffenbachia, calla lily, daffodil, hyacinth and oleander and mistletoe. Contrary to popular belief, poinsettias are non-toxic.

What should you do if after all

your preventative steps, your child ingests a potentially harmful substance. First, identify the suspected poison, the amount taken and when it was ingested. Then, phone the Poison Control Centre in your area and report the ingestion. Be sure to keep the telephone number handy in case of emergency.

With that information, the nurse on call will make an assessment according to the age, weight and medical history of your child. Keep syrup of ipecac, which induces vomiting, in the medicine cabinet and use only as directed by Poison Control staff or your family doctor.

For more information on child-proofing your home and poisonings, call or write your Poison Control Centre, provincial Health Department or a Health and Welfare Canada office in your area.

## Better medical service

Georgetown and District Memorial hospital announced Friday the medical staff and many of the nursing staff working in the emergency department have completed an advanced cardiac life support program.

The medical authorities and board of trustees in the hospital compliment the doctors and nurses for this successful undertaking. The advanced cardiac life support program is designed to meet the needs of emergency, intensive care unit staff and other health care providers whose work requires rapid response to cardiac emergencies.

Dr. Don Trant, the Chief of Staff at the hospital reports that the 11 doctors and six nurses who participated in the course attend-



airway breathing, administration of cardiovascular drugs and use of portable pacemakers.

The participants in the course had already completed a basic cardiac life support program in the last 12 months.

The hospital congratulates the medical and nursing staff for the continued commitment to provide quality care to the community.

Georgetown and District Memorial Hospital is an 112-bed primary, acute care and long term care facility. As a primary health care provider, the hospital is committed to identifying health care needs for Halton Hills and developing programs in cooperation with other health agencies.

ed lectures, small group workshops and simulated cardiac arrest to acquire skills in the various aspects of cardiac resuscitation. Specific topics covered included: rapid interpretation of abnormal heart rhythms, defibrillation, assisted

### Parenting Tips

Georgetown Parent-Child Centre

By VALERIE CUNNINGHAM R.N., B.A.

Frequently I am asked what a parent should do about negative behavior such as: head banging in infancy, defiance in toddlers and aggression in young school age children. In future columns I shall discuss some specific behaviors. First here are some general principles regarding negative behavior. (Study these carefully; the quiz comes next time.)

It is easy for any mother who is at home with small children to understand what another one means when she says, "The kids are driving me crazy!" However if we are going to do anything about the situation, we must start by identifying exactly and specifically the actions of each child that we would call "negative". Often confusion and lots of activity in itself is enough to drive us crazy. But when we replay and isolate certain scenes throughout the day, is there one specific action of one child that is "negative"?

Step 1: Identify: What is the specific offending behavior?

Step 2: Frequency: How often does this child act in this particular way? Write down each time in a day for a week that the particular behavior occurs. Often, because of everything else that is going on in a young family, this frequency seems much higher than it really is. Sometimes just clearly identifying the behavior diminishes its frequency. Sometimes we just realize that the behavior is not so regular after all and we become reassured that our child is not really deviant. After counting the number of times this negative action occurs, we should try to look at the context in which it happens.

Step 3: Context: When does this occur? Try to note if the child misbehaves in this way before a meal or a nap, when siblings are nearby or when grandparents visit. Is there a pattern or some precipitating factor? Again, sometimes by answering the questions, the solution becomes evident.

The final step is assessing why this particular behavior is chosen. We will discuss more about that next time and as we discuss common situations.

Valerie Cunningham, a paediatric nurse in independent practice, offers a variety of parenting courses, workshops and private consultations. She may be reached at 877-6398.

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