

Safekids Campaign

06/07 Paracetamol Poisoning Prevention Project Plan



June 2006

From October 2006 – October 2007 the Safekids Campaign (supported by a number of government and non-government agencies and by real estate company Barfoot & Thompson) will focus on the issue of unintentional childhood poisoning and its prevention.

Poisoning is the second most common cause of injury-related hospital admissions for children aged under five years and is among the ten most common causes of injury-related hospital admission for children aged under 15 years.

National organisers of the Safekids Campaign have identified caregivers of under fives as one of a number of target groups that have a role to play in preventing poisonings. Pharmacists and community-based health care providers e.g. GPs, practice nurses etc also have a role.

The **Paracetamol Poisoning Prevention Project** outlined on the following pages is a project being co-ordinated at a national level by Safekids with the support of ACC. This project is designed to be undertaken by community-based Coalitions in conjunction with local healthcare practitioners e.g. General Practitioners (GPs) or through a Primary Health Organisation (PHO).

The project is based upon a poisoning prevention initiative originally piloted by the Kidsafe Taranaki Trust in 2003, and we acknowledge and thank the Trust for allowing us to utilise their information and resources.

Safekids will assist up to **20** community Coalitions to undertake this **Paracetamol Poisoning Prevention Project**. This will be through the provision of this plan, written resources and the supply of 100 cupboard latches per Coalition. As part of the project these written resources and cupboard latches will be distributed to caregivers of children aged under five who have been prescribed or recommended paracetamol. Resources will be distributed via the GPs involved in the project.

Coalitions interested in undertaking this project must –

- Undertake the project as indicated in this project plan i.e. only with healthcare practitioners such as GPs.
- Undertake the project within the healthcare setting between October 2006 and May 2007.
- Complete an evaluation and include this in a project report to the Safekids Campaign National Co-ordinator by May 30, 2007.
- Acknowledge Safekids, ACC and the Kidsafe Taranaki Trust in any information developed and distributed to the media.

Coalitions wishing to undertake the project must contact Joy Gunn, Safekids Campaign National Co-ordinator to indicate interest by Monday July 17, 2006. Resources will be supplied by September 1, 2006.

Contact details: Joy Gunn, Safekids New Zealand, ph (03) 455 4242, email joygunn@adhb.govt.nz

Childhood Poisoning in New Zealand

Of all children aged under 15 admitted to hospital with an unintentional poisoning, those aged 0 – 4 years are most at risk of an injury. Children in this age group account for 80% of poisoning-related admissions.

Prescription and non-prescription drugs account for 67% of agents involved in unintentional poisonings to children aged under 15 years. Children's own medication, in particular, liquid paracetamol, is a common poisoning agent. A study of Christchurch Hospital Emergency Department admissions for poisoning found that in one year alone, 21% of poisonings to the under fives involved paracetamol. Most (60%) of poisonings occurred in the child's own home.

Paracetamol Poisoning

Paracetamol poisoning in children is generally non-fatal. However, a large overdose can have serious consequences, including liver damage.

The prevalence of paracetamol in child poisonings is likely due to a number of factors:

- It is widely available
- Often seen as the "cure for all ills"
- Regularly prescribed by health professionals

Information from analysis undertaken by Kidsafe Taranaki reveals that there are three contributors to paracetamol-related poisonings. These are;

- Inappropriate / frequent use of the product – doses are sometimes given too many times, or the medications are used for other reasons e.g. sedation.
- Confusion about dosage – there are two different 'strengths' of product often prescribed, confusion about the relationship between weight and dosage.
- Ease of access / safe storage – it is often kept in the fridge, is promoted to children as 'tasty' and packaging can be appealing.

Children aged between 1 and 4 years make up 90% of under five year olds admitted to hospital following a poisoning.

Children in this age group are unaware of the dangers agents such as medications can pose. As children develop, their natural instinct is to learn by exploration. At this age they are dependant on adults to keep them safe.

The Christchurch ED study referred to above, found that the bedroom was the most common location where a child poisoning occurred (22%), followed by the kitchen (15%). The bathroom accounted for only 4% of poisoning locations. The message about safe storage of medicines is therefore vital for caregivers of under fives, as is information about the safe use and dosage.

Caregivers will be a target group for this project; ensuring they are provided with information about the correct use, dose and storage of paracetamol.

In 2003 the Kidsafe Taranaki Trust undertook a paracetamol poisoning prevention project in the New Plymouth area. As GPs are the practitioners primarily responsible for prescribing medications for children within the community, the project was implemented with them. Through the GPs, information on poisons prevention / safety was provided to caregivers of young children.

Safekids New Zealand is co-ordinating the undertaking of similar, community-based **Paracetamol Poisoning Prevention Project** within a maximum of 20 communities as part of the Safekids Campaign 2006/07 focus on childhood poisoning.

Project Goal and Objectives:

To reduce poisonings from paracetamol to children aged under five years within the community undertaking the project

Objectives:

To raise awareness of the safe use of paracetamol with caregivers

To raise awareness of the safe storage of paracetamol with caregivers

Strategies

The **Paracetamol Poisoning Prevention Project** is designed to be undertaken locally by Coalitions involved in the Safekids Campaign and to be resourced and supported nationally by Safekids New Zealand and Campaign partner ACC.

Project Team:

The Coalition will need to meet to discuss who will be part of the group's 'project team'.

As a group the project team will identify -

- If local data on paracetamol poisoning to children aged under five years is required, and if so who from the group will work to obtain this. Does your group need to involve the local hospital for this to be achieved?
- If additional local funding support / expertise is required;
- Local GPs or a PHO you feel will be open to undertaking the **Paracetamol Poisoning Prevention Project** with your group. Discuss and agree on how these practitioners will be approached and by whom. Organise a meeting with them to discuss the project and a timeframe for undertaking it;
- Who, from the Coalition, will be a key point of contact for practitioners;
- How risks to the project will be managed;
- Who will receive the resources provided by Safekids and provide these to practitioners;
- Who will complete the final report on the project and provide it to Safekids by May 30, 2007.

Data Collection:

Paracetamol is a medication commonly involved in unintentional poisonings to children aged under five years.

To support the need for a local paracetamol poisoning prevention project Coalitions may wish to access local injury data from a hospital Emergency Department or local Accident & Emergency Centre. This should be obtained as soon as possible.

Target Group:

Caregivers of children aged under five years who are prescribed or recommended paracetamol for their child.

Identify what else your Coalition knows / needs to know about this group e.g. percentage of children aged under five in your local population.

Partnership:

This project is a partnership project involving the local Coalition and local GPs. This partnership should be fostered throughout the project with the early involvement of the health practitioner and regular communication with them.

Links:

Apart from the Safekids Campaign, identify if this projects links with local objectives in health/injury prevention.

Communication Strategy:

The communication strategy used for this project is one-to-one consultations with GP staff (either doctor or practice nurse) with the caregivers of under five year olds, when they present at the GP's for treatment or advice. The caregivers will be given verbal information about paracetamol, and will be given a personalised plan for use (the parent checklist) to be taken away. This will reinforce the information provided at the consultation, and is an easily accessible reminder about safe use and safe storage of medications. Caregivers will also be given a free cupboard latch or catch of their choice, along with a poisoning prevention pamphlet. The follow-up communication will be carried out via a phone call to a sample of those who indicated they were able to be contacted at a later stage.

Resources / Equipment:

Safekids will provide 100 cupboard latches to each Coalition undertaking the project, two checklists for GPs and 100 checklists for families participating. These will be provided to each participating Coalition by September 1, 2006.

Risks:

The main risk to the project is that GP practices will be unwilling to participate. One way to reduce this risk is to consult practice staff about the project in a consultation meeting to clearly explain the project, and explain opportunities for modifications to suit each practice. The project team will all attend these meetings to demonstrate collaboration across agencies and to have the ability to answer any questions.

Another risk is that practices will be unwilling to take part due to the time / resources required by them. To reduce this risk practice staff should be consulted about what roles they wish to have in the delivery of the project, and will not be expected to conduct evaluation phone calls if this is an issue. Alternatively, funding could be sought locally to allow for reimbursements for staff time. Coalitions should be clear that there is no cost to the practice for resources. The Coalition may also want to consider whether its members can assist with training for practice staff.

Evaluation:

Evaluation with caregivers will be undertaken via a telephone questionnaire 2 – 4 weeks after they were seen at the GP clinic. This will be undertaken by the health practitioner unless there is a major difficulty, in which case the Coalition may need to undertake this. A de-briefing meeting should also be held with the practitioner to gauge their response and collect feedback about the project.

Reporting:

A short report (no more than two pages) outlining how the project was undertaken, with which practitioners and what results were achieved, must be completed and provided to Safekids New Zealand by May 30, 2007.

| Project Objectives | Activities/strategies | How you will measure this |
|---|---|--|
| <p>Process - <i>How will you do it?</i></p> <p>Establish project team to plan project</p> <p>Two practices committed to participate</p> <p>Evaluation methods developed in plan to determine project success</p> | <p>Call initial meeting with possible project team members Plan developed</p> <p>Contact made with key personnel of GP practices Meetings arranged to consult about the project Two GP practices committed to participate</p> <p>All caregivers who participated in the project phoned to provide feedback about the project.</p> | <p>Planning meeting held with project team members and minutes documented Plan completed</p> <p>Contact established Meetings held 2 practices agreed to participate in project 2 practices report at completion of project they are happy with results and with their involvement in project</p> <p>Evaluation completed and results analysed Analysis of recorded results</p> |
| <p>Impact - <i>How will you know its made a difference</i></p> <p>90% of sample caregivers will report they thought the project was useful</p> <p>65% of sample caregivers will report having learnt something new about safe use and safe storage</p> <p>70% of sample caregivers will report thinking the 'parent checklist' was useful</p> <p>50% of sample caregivers will report having used the latch/catch</p> <p>Of those who have used the latch/catch, 70% will report the latch/catch was useful.</p> | <p>Telephone interview carried out by GP staff two - four weeks following consult</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> | <p>(Has the project enabled changes in knowledge, attitudes, behaviour or environment?) Analysis of results of telephone interviews</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> |

| | | |
|---|-----------------|--|
| <p>Of those who had not yet used the latch/catch, 70% will report an intention to use it in the near future</p> | <p>As above</p> | <p>As above</p> |
| <p>70% of sample caregivers will report they would consider purchasing more safety latches/catches.</p> | <p>As above</p> | <p>As above</p> |
| <p>Outcome – Overall health gain Reduction in the number of children aged under 5 presenting to A&E or admitted for poisonings in the area the project is undertaken in.</p> | | <p>Can you show a link to a health gain? e.g. in A&E and hospital admissions if you can extrapolate local data</p> |

PARACETAMOL POISONING PREVENTION PROJECT ACTION PLAN

| Task (What) | Timeframe (by when) | Responsibility (who) |
|--|--------------------------|----------------------|
| Coordinate initial planning meeting of project team | | |
| Initial approach to GP practices | | |
| Consultation meetings held with GP practices | | |
| Plan devised | | |
| Resources / latches from Safekids received | September 1, 2006 | |
| Briefing meetings with practices staff to launch project | | |
| Project implemented | | |
| Project evaluated | | |
| De-brief meetings held with practice staff | | |
| Evaluation report completed | | |
| Evaluation report provided to Safekids | By May 30. 2007 | |