



Department of Pesticide Regulation



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Director

MEMORANDUM

Gray Davis
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Secretary, California
Environmental
Protection Agency

TO: Chuck Andrews, Chief
Worker Health and Safety Branch **HSM-00005**

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DATE: May 16, 2000

SUBJECT: CONTRACT WITH CALIFORNIA POISON CONTROL SYSTEM

DPR explored several avenues to improve completeness and timeliness of pesticide illness reporting. Generally, we favor strategies that offer assistance to the medical personnel whose cooperation we seek.

Contracting with poison control centers to mediate reporting is currently a promising candidate for a collaborative approach to improvement. Poison control provides the immediate clinical benefit of expert consultation, and medical facilities regularly consult poison control early in the management of chemical exposures.

In fiscal year 1996 – 1997, a pilot project with a single poison control site demonstrated the technical feasibility of transmitting reports from poison control to the Department of Pesticide Regulation (DPR), local county agricultural commissioners (CAC), and local health officers. Federal funding received in 1998 supported extension of this pilot to the entire California Poison Control System (CPCS), which in the interim had become an integrated network with four divisions.

Since then, the Worker Health & Safety Branch (WH&S) assigned identification numbers to 341 cases reported via CPCS. Of those, 300 did not result in retrieval of a Doctor’s First Report (DFR) to workers’ compensation, our other important method of case identification. Very likely, these cases would not have come to our attention without the intervention by CPCS.

We have received and evaluated investigations for 150 cases submitted via CPCS, of which 71 (47%) were found to involve non-occupational exposures. An additional 19 case submitted via CPCS concerned situations too sensitive to investigate in the field (primarily suicide attempts), and were evaluated based on information supplied by CPCS. Since non-occupational exposures do not generate DFRs, we have few other resources for locating them.

During the period of CPCS-mediated case reporting, WH&S assigned identification numbers to 2,027 cases identified without CPCS intervention, and has received and evaluated investigations for 1,515 of them. Of the 1,515, we found 166 (11%) involving non-occupational exposures. This suggests that poison control reporting provides a mechanism for identifying non-occupational exposures that would escape detection otherwise.



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This is particularly true with respect to childhood exposures. Of the 341 cases received through CPCS, 36 involved victims under the age of 10 (i.e. age 0 through 9), including 21 under the age of five. Coincidentally, the same number of children under 10 years old, 36, were identified among the 2,027 cases located without CPCS intervention. Of these, just 14 were less than five years old.

Poison control reporting also addresses the issue of timeliness. Although it sometimes happens that people consult poison control about exposures long past, most poison control contacts concern immediate events. Among the 151 reports from CPCS for which we have dates of injury recorded, the average time lapse from date of injury to receipt of report was 15½ days. By contrast, for the 699 cases identified by DFRs during the same period and for which we have the date of injury, the average time lapse was just over 66 days.

Prompt notification available via poison control enhances the ability of CACs to conduct informative investigations. In several episodes of group exposures, early knowledge of the event allowed DPR to obtain biological and environmental samples that documented the extent of exposure.

We have encountered difficulties of several sorts in designing this collaboration and making it work. We expect that additional effort, to which both parties have committed, can make CPCS an even more valuable partner.