

SAFE
K:DS
WORLDWIDE™

**Keeping Families Safe
Around Medicine**

March 2014



Every minute

of every day, a poison control center answers a call about a young child getting into medicine.



In 2012, more than **64,000 kids** were treated in an emergency room for medicine poisoning.



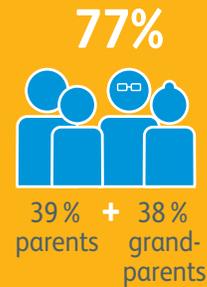
That's one child every 8 minutes.



Whose medicine



In **3 out of 4** of these cases, the medicine belonged to a parent or grandparent.



The "typical" household is changing with more grandparents in the home.

23% increase

in the number of grandparents living with their grandchildren since 2005.



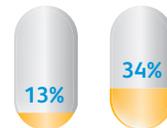
1 in 8

grandparents provide care on a regular basis for a grandchild.



Older adults are taking more medicine.

Older adults make up 13% of the population but account for 34% of prescription medicine use.



74% of grandparents say they take a prescription medicine every day.

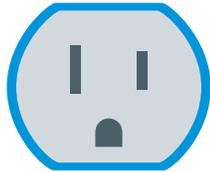
So kids are around more medicine than ever before.

Where are grandparents storing medicine that kids might get into?



What are they worried about?

More grandparents identified electrical outlets than medicine as a top safety issue.



But **36 times** more children go to the ER for medicine poisoning.



Know who to call if a child gets into medicine or is given too much medicine.

POISON HELP NUMBER
1-800-222-1222

SAVE THIS NUMBER IN YOUR PHONE.
IT IS A FREE 24-HOUR HOTLINE.

Keep all medicines up and away from kids.

- Keep all medicine up and away when young children are around – even medicine you take every day.
- Be alert to medicines stored in other locations, like pills in purses, vitamins on counters and medicines in or on nightstands.
- Store children's medicine in an out-of-reach place, including between doses.
- Choose child-resistant caps for medicine bottles, if you're able to. If pill boxes or non-child resistant caps are the only option, it's even more important to store these containers high and out of sight when caring for kids.
- Coordinate with other caregivers about when and which medicine should be given.

SAFE
KIDS
WORLDWIDE™



Executive Summary

Safety is a priority for anyone who regularly takes care of young children. Whether it's installing stair gates to prevent falls or using electrical socket covers to avoid shocks, every caregiver goes through the process of making their house safer for an adventurous child. One risk that might not be top-of-mind, however, is medicine safety.

Every minute of every day, a poison control center answers a call about a young child getting into medicine or getting too much medicine.¹ In 2012, there were almost 64,000 emergency department visits that involved a child exposed to medicine. Every one of these emergency department visits involved a scared child and a worried family, and could have been prevented. On top of that, an estimated \$34.4 million is spent every year on medical costs for trips to the emergency department as a result of medicine exposures in young children, twice what the federal government spends annually on poison control centers.^{2, 3, 9}

While medicines are important for helping us get well and stay healthy, we know that more can be done to keep young children from getting into medicine and from being given too much medicine. In 2013 Safe Kids Worldwide analyzed emergency department cases in which young children got into medicine to explore the circumstances of what led these exposures. Not surprisingly, we found that children often got into medicine that was left in an easy-to-reach place like a purse or bag, or on a nightstand or dresser. We were also able to look at whose medicine was taken in these cases: in 38 percent of cases where we had information, the medicine belonged to a grandparent and in 39 percent of cases it belonged to the mom or dad.⁴ Through qualitative research, we learned that grandparents take medicine safety seriously, especially when it comes to their grandchildren, and that grandparents who regularly take care of young children are much like parents in their attitudes toward safety.

Grandparents play a greater role than ever in raising grandkids, with 13 percent of grandparents providing care on a regular basis for a grandchild and more than seven million grandparents in the U.S. living with their grandchildren.^{5, 6} Taking care of kids is a big job and parents often rely on the help of a trusted caregiver—and no one is more trusted than their own parents. But along with a rise in the number of prescriptions written for adult medicine over the last decade, the potential for children getting into medicine is higher.⁷ And older adults take more medicine: while they make up 13 percent of the U.S. population, older adults account for 34 percent of all prescription medicine use.⁸

Understanding that grandparents take issues like medicine safety seriously, why then are 38 percent of medicine-related emergency department visits in young children because a child got into a grandparent's medicine? To better understand what grandparents do when it comes to storing and giving medicine safely, Safe Kids Worldwide surveyed more than 1,000 grandparents who regularly supervise young grandchildren. In this report, the third in a series on medicine safety, we reveal new insights into where medicine is kept when grandparents are watching grandkids, and what grandparents do when it comes to giving medicine to young children.

We found that three-quarters of grandparents who take care of grandchildren regularly—74 percent—say they take a prescription medicine every day and 20 percent take an over-the-counter medicine daily. For the most part, grandparents do a good job of storing medicine safely when young children are visiting: 52 percent store prescription medicine in a bathroom or kitchen cabinet above the sink or counter, and 15 percent keep medicine in a bathroom, kitchen or hall closet on a high shelf. However, we found that there are times when grandparents don't keep medicine up and away from young children: 12 percent of grandparents who take care of their grandkids every day keep prescription medicine on a nightstand or dresser when young children are visiting their home, places where kids can get into it. Leaving medicine in a convenient location might serve as a reminder to take it, but it also raises the risk for young visitors who can see and reach it.

We also found that three out of 10 grandparents who regularly take care of grandchildren keep their own medicine in easy-open containers or bottles with non-child resistant caps, risky alternatives to bottles that are designed to be more difficult for young children to open. While all medicine, regardless of the bottle, should be kept up and away and out of sight of young children, using child-resistant caps on medicine bottles reduces the risk of a child getting into it.



The survey also explored what grandparents do when it comes to giving their grandchildren medicine. Among grandparents who give medicine to grandkids, 86 percent say they use the dosing device that came with the medicine—the most accurate tool to use to give medicine. Grandparents say they write notes, set alarms and follow instructions from parents to know which medicine to give and when to give it. Communication among all caregivers is important given that 22 percent of dosing errors in young children are a result of the wrong medicine being given.⁴

This new research has helped inform strategies for families to keep kids safe around medicine:

- Keep all medicine up and away when young children are around – even medicine you take every day.
- Be alert to medicines stored in other locations, like pills in purses, vitamins on counters and medicines in or on nightstands.
- Store children’s medicine in an out-of-reach place, including between doses.
- Choose child-resistant caps for medicine bottles, if you’re able to. If pill boxes or non-child resistant caps are the only option, it’s even more important to store these containers high and out of sight when caring for kids.
- Coordinate with other caregivers about when and which medicine should be given.

By sharing these strategies with parents and other caregivers, we can help ensure that children and families stay safe while using medicine.

Recent Trends in Unintentional Medicine Exposures

Every day young children are seen in emergency departments after getting into medicine or being given too much medicine. In 2012, there were 63,952 visits to emergency department for children 4 and under involving exposure to a medicine, either unsupervised or as a result of a dosing error.² The average medical cost of a poisoning-related emergency department visit for a child this age is \$539, which means that these visits cost an estimated \$34.4 million each year.³ That’s twice what the federal government spends annually on poison control centers.⁹

Every minute of every day, a concerned parent or caregiver calls a poison control center after a young child unintentionally gets too much medicine.¹ While this is still far too many children, we’ve recently seen an encouraging trend: a 15 percent decline in the number of poison control center calls for medicine exposures in young children since 2009 (Figure 1).^{1, 10, 11, 12, 13, 14}

Figure 1

The number of calls to poison control centers for medicine exposures among children 5 and under has declined 15% since 2009



What is driving this downward trend? It could partly be due to big changes that have taken place to make children's medicine safer. In 2007 and 2008, many manufacturers began making voluntary changes to cold and cough medicine, such as withdrawing infants' cough and cold medicine and relabeling pediatric cough and cold products to say that they shouldn't be given to children under 4 years old.⁴ Research has demonstrated a decline in dosing errors and children getting into these medicines since these changes went into effect.^{15, 16} In 2011, a voluntary, industry-wide transition to flow restrictors began with over-the-counter infant and children's acetaminophen. Flow restrictors are attached to the opening of a bottle and limit the amount of liquid that comes out, which limits the amount of medicine a child could get into.¹⁷ And we've seen new initiatives focused on medicine safety for children and safe storage, including the CDC PROTECT Initiative;¹⁸ the Up and Away Campaign;¹⁹ and educational campaigns such as Safe Kids Worldwide's medication safety program.²⁰

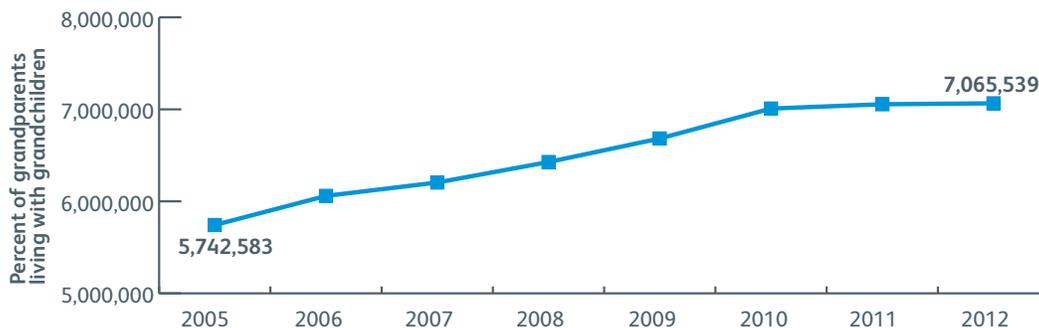
It's clear that with almost 64,000 visits to emergency departments because of medicine exposures in children in 2012, we still have work to do. Fortunately, we already know what's behind many of the emergency department visits: 2013 Safe Kids research found that medicine is often taken from an easy-to-reach place like a purse or bag (20 percent of emergency department cases), on a nightstand or dresser (20 percent), or from the ground or had been misplaced (27 percent).⁴ What we were surprised to learn, however, was whose medication was most often taken by young children seen in emergency departments: grandparents and parents. We found that in 38 percent of emergency department cases, the medicine taken belonged to a grandparent and in 39 percent of cases the medicine belonged to mom or dad.⁴

Grandparents: Playing a Bigger Role than Ever

Data from the U.S. Census show that grandparents play a greater role than ever in their grandchildren's lives. Since 2005, there has been a 23 percent increase in the number of grandparents living with their grandchildren (Figure 2).^{6, 21} In 2012, more than seven million grandparents lived with their grandchildren.⁶

Figure 2

Since 2005, there has been a 23% increase in the number of grandparents living with their grandchildren



We also know that 13 percent of grandparents—one in eight—provide care on a regular basis for a grandchild.⁵ Safety is a top issue for anyone taking care of young children. While storing and giving medicine safely is an important part of being a responsible caregiver, we wanted to explore whether this is a safety issue that grandparents always consider when taking care of young children. We also wanted to understand how grandparents store medicine and give medicine to their grandchildren—questions that had not yet been explored.





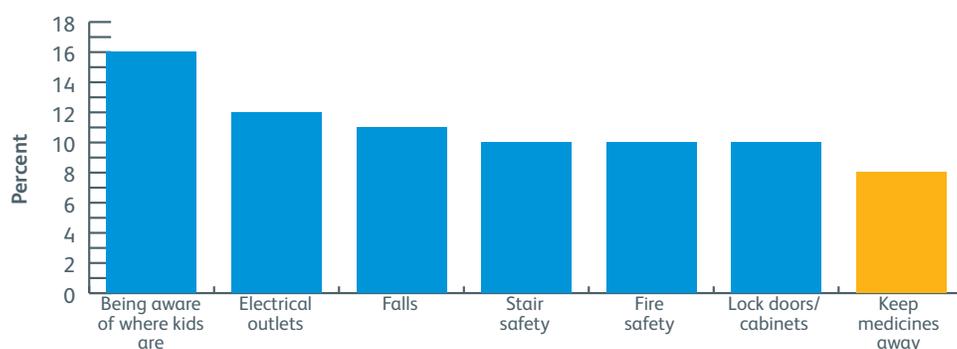
Survey Findings

Safe Kids surveyed 1,185 grandparents ages 50 and over who regularly take care of young grandchildren.

Grandparents have safety in mind, but aren't always thinking about their medicine as a potential danger for young kids. We found that medicine safety isn't a top-of-mind issue for most grandparents when it comes to their grandkids—after supervising grandchildren, top safety issues that grandparents name include electrical outlets (12 percent), falls (11 percent) and stair safety (10 percent) when asked in an open-ended question on important home safety issues. Eight percent say that keeping medicine away from kids was a priority safety issue for them when taking care of young grandchildren (Figure 3). Older grandparents ages 65 and over were more likely to say that storing medicine safely was a priority (12 percent), compared to younger grandparents ages 50 to 64 (6 percent). One of the top safety issues grandparents identified was safety around electrical outlets. In 2012, there were 1,793 emergency department visits related to electrical outlets in children ages 4 and under—fewer than 3 percent of the emergency department visits for medicine poisonings.²

Figure 3

What are the most important home safety issues you consider when taking care of your grandchildren under 6 years old?



Medicine safety is an important issue for older adults; while older adults make up 13 percent of the U.S. population, they account for 34 percent of all prescription medicine use.⁸ There has also been an increase in the number of prescriptions for certain adult medicines recent years, which may lead to a greater risk for young children if medicines aren't stored up and away from kids. A study using data from 2000 to 2009 found that an increase in the number of prescriptions for four categories of adult medicine – oral hypoglycemics, antihyperlipidemics, beta-blockers, and opioids – was associated with a rise in exposures in young children reported to poison control centers.⁷ These findings reiterate the importance of keeping medicines safely stored when young children are in the home.

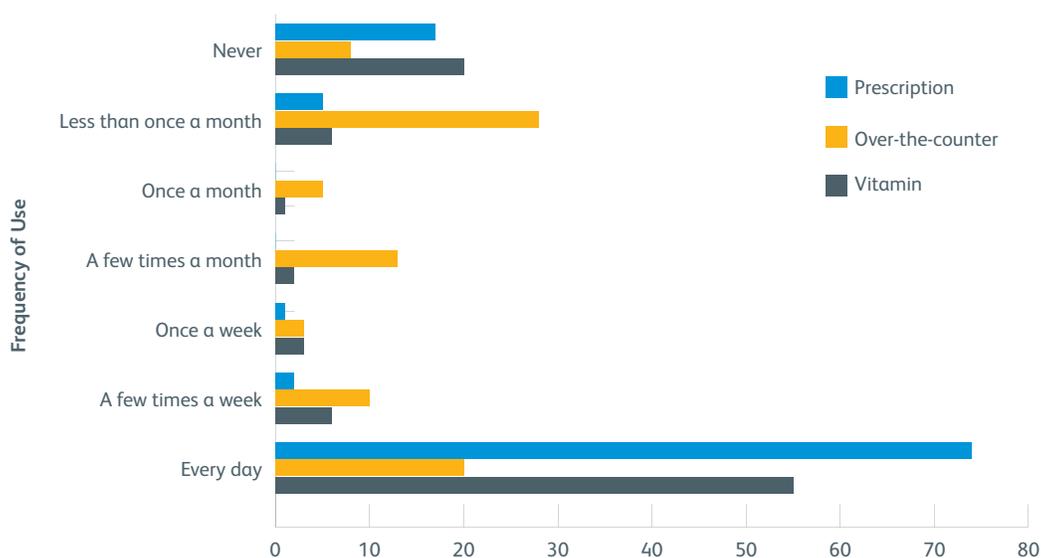
Grandparents regularly use medicine and tend to store it safely—with some exceptions.

Grandparents frequently use medicine, especially prescription medicine: 74 percent of grandparents say they take a prescription medicine every day (Figure 4). Twenty percent say they take over-the-counter medicine daily, and 55 percent use vitamins every day. Almost all grandparents report using medicine at least once a month: only 8 percent say they never use over-the-counter medicine, suggesting that 92 percent have these medicines in the home.



Figure 4

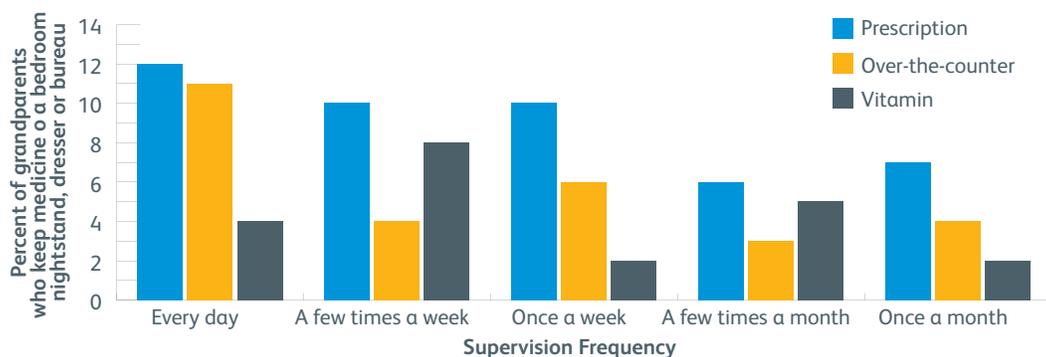
74 percent of grandparents who take care of young grandchildren take a prescription medicine every day



Half of grandparents say they keep their prescription (52 percent) and over-the-counter (51 percent) medicine in a bathroom or kitchen cabinet above the counter or sink when they're supervising grandkids. That's great news—storing medicine up and away and out of sight of young children is the safest place to put it. However, we found that some grandparents continue to store medicine in places that are easily accessible for young children. Twelve percent of grandparents who watch their young grandkids every day keep prescription medicine on a nightstand or dresser when children are visiting (Figure 5).

Figure 5

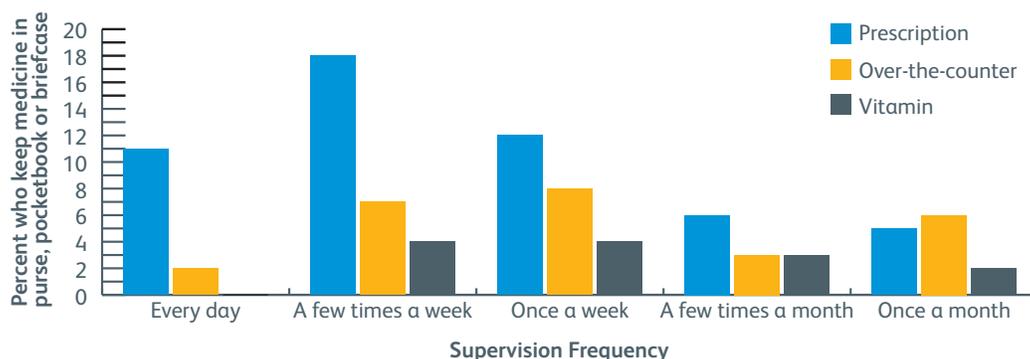
12 percent of grandparents who watch their grandkids every day keep prescription medicine on a bedroom nightstand, dresser or bureau



Another place that grandparents said they keep medicine is in bags and purses. Eighteen percent of grandparents who watch their grandkids a few times a week say they keep their prescription medicine in a purse, pocketbook or briefcase when supervising their grandkids (Figure 6). We learned in 2013 research that in 20 percent of emergency department cases for medicine exposures in young children, the child found the medicine in a purse, bag or wallet.⁴ Qualitative research of moms and grandparents revealed that while most keep medicine in a central, safe location, such as a high-up cabinet, medicines are also kept in purses and bags where they're more accessible. When spending time with young children, put bags, purses and briefcases on a closet shelf or another high and out of sight location.

Figure 6

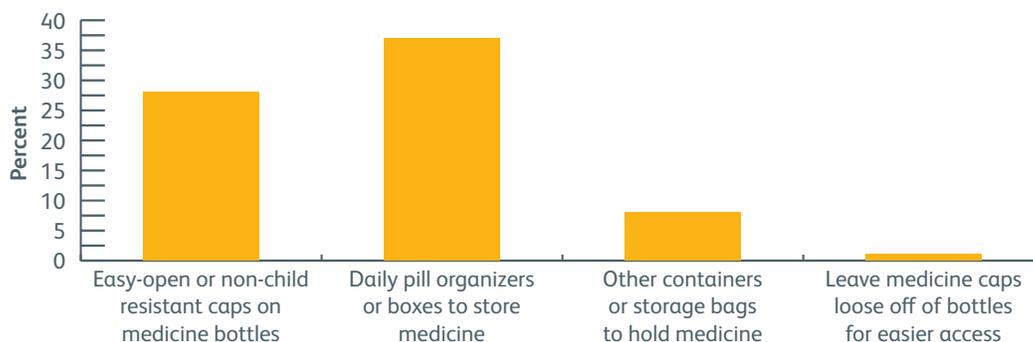
18 percent of grandparents who watch their grandkids a few times a week keep prescription medicine in a purse, pocketbook or briefcase



More than a third of grandparents—37 percent—say they use daily pill organizers or boxes to store medicine (Figure 7). Grandparents over the age of 64 were even more likely to use them, with 47 percent saying that they use pill organizers. We learned that pill organizers are an important tool to make it easier for adults to take medicine: 13 percent of grandparents who had trouble taking their own medicine report using a pill organizer or marked container to make it easier. However, children can get into daily pill organizers that are not designed to be child-resistant and can look like toys.

Figure 7

Do you use easy-open medicine bottles, daily pill organizers or other containers to hold medicine?



Grandparents also report using easy-open or non-child resistant caps on medicine bottles: 28 percent use these, and 42 percent who did, keep prescription medicine on a bathroom or kitchen sink, counter, table or shelf. While child-resistant bottles can be challenging to open, they're also safer to keep in a house where young children visit or live. If it's a matter of convenience, rather than physical ability, choose the child-resistant cap; it could be the difference between a moment of worry or a trip to the hospital. And remember that child-resistant doesn't mean child-proof: a medicine container meets government regulations for child-resistance if four out of five children can't open it within 10 minutes.²² Don't rely on caps alone—make sure that all medicine is stored out of the sight and reach of kids.

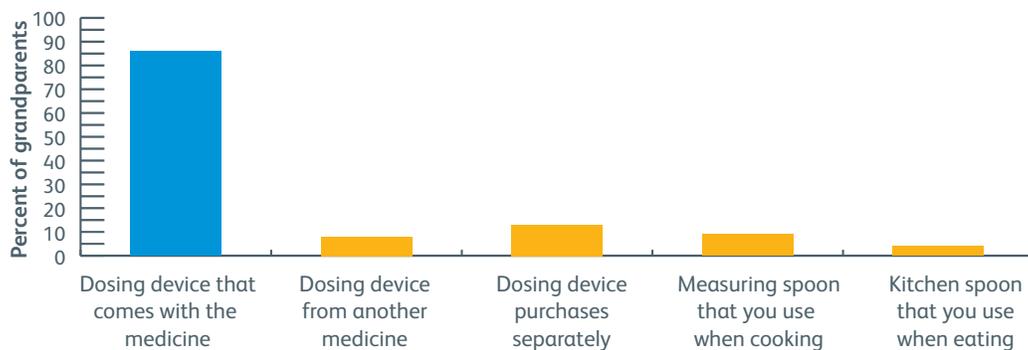


Grandparents take seriously the responsibility of giving medicine to children. Part of taking care of kids is giving medicine responsibly. Forty-six percent of grandparents say they've given over-the-counter medicine to a grandchild in the last year, and 37 percent said they have given prescription medicine. Grandparents are doing a great job using the right tool to measure medicine: 86 percent say they use the dosing device that came with it (Figure 8). However, there are still some grandparents who use something less accurate to measure medicine. Nine percent say they use a measuring spoon, which can result in confusion between teaspoons (t) and tablespoons (T), and four percent say they use a kitchen spoon, which doesn't provide standard measurements.²³ Make sure to use the dosing device that comes with the medicine to make sure the right dose is given.



Figure 8

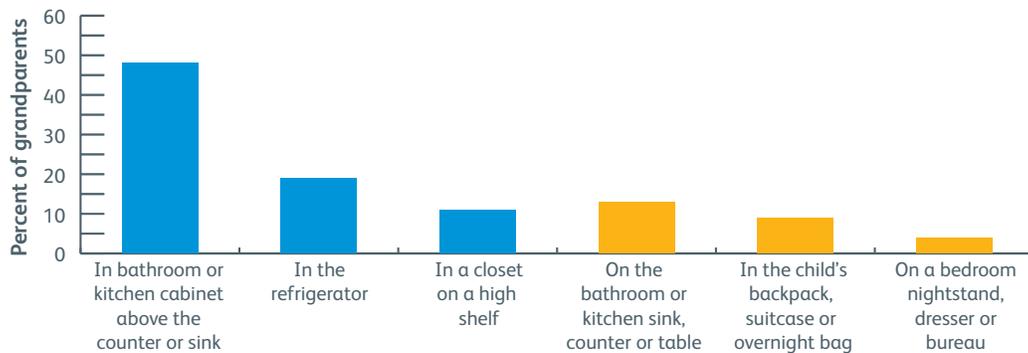
Which of the following did you use to measure out the dose?



When it comes to storing children's medicine between doses, many grandparents are diligent about storing medicine up and away: 48 percent store their grandchild's medicine in a cabinet above the counter or sink in between doses. However, we learned that 13 percent keep the child's medicine on the bathroom or kitchen sink, counter or table—where children can easily see and reach it. It's especially important to put medicine that is being used in a safe place. In a study of children who got into over-the-counter medicine, researchers found that 60 percent of caregivers said that the medicine wasn't in its normal storage location when the child got into it.²⁴

Figure 9

Where do you keep your grandchild's medicine in between doses?



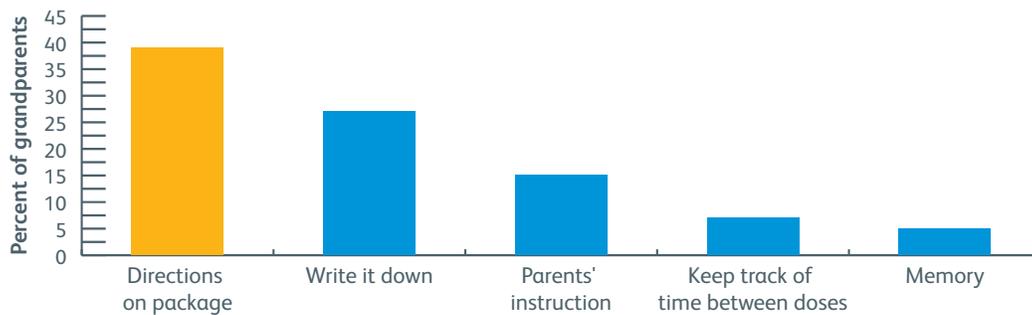


We also asked grandparents how they keep track of a grandchild’s dosing schedule and know which medicine to give. Grandparents often rely on labeling directions to keep track of how much medicine to give a child—39 percent follow the directions on the bottle. Twenty-seven percent write it down, 15 percent follow the parent’s instruction and 7 percent keep track of the time in between doses.

We learned from focus groups that sometimes parents don’t feel it necessary to talk with grandparents about medicine safety because if they trust them enough to watch their kids, then they trust them to give medicine safely. But we know from poison control center data that errors happen when it comes to young children and that giving the wrong medicine accounts for 22 percent of dosing errors in young children.⁴ Giving medicine can get complicated when there are multiple caregivers. To help reduce the risk, parents, grandparents and all caregivers can keep a dosing schedule and a list of approved medicine and medicine allergies with other caregivers.

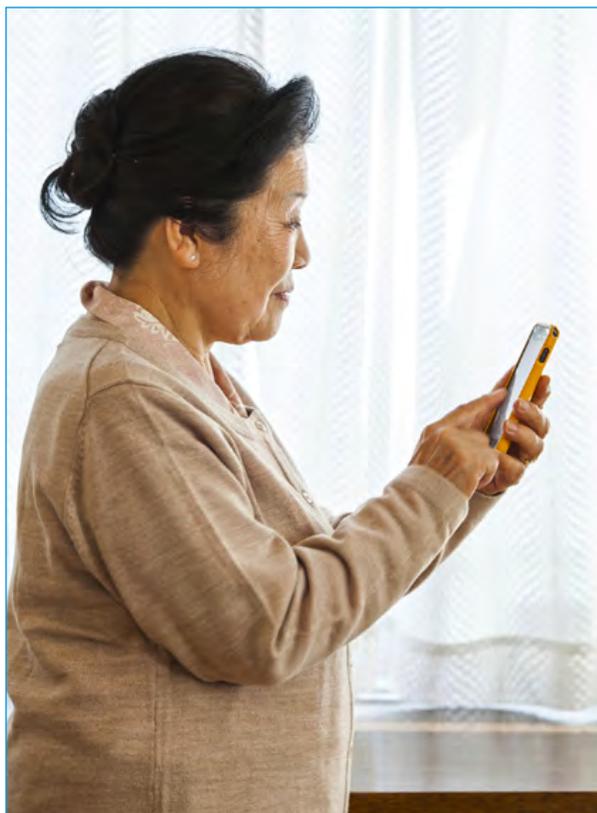
Figure 10

How do you keep track of how much medicine to give to your grandchild?



Who Would Grandparents Call in a Poisoning Emergency?

Grandparents were asked what they would be most likely to do first if they suspected that their grandchild had gotten into someone else's medicine. The majority—42 percent—say they would call a poison control center first, followed by 32 percent who say they would go to the emergency room and 13 percent who say they would call a doctor. However, more than half of grandparents (56 percent) said they didn't know the Poison Help Number. Calling poison control is the best option, as more than 70 percent of cases can be treated at home under the guidance of the poison control center experts, who will follow-up with a phone call back to make sure that everything is okay.²⁵ There are times when it's best to call 911, such as when someone is unconscious, not breathing, or having a serious allergic reaction. For more information on what to have handy if calling a poison control center, see the box opposite.



What Do You Need To Know If You Have to Call the Poison Control Center?

Poison control centers are staffed 24/7 by trained nurses and toxicologists who provide free, confidential medical advice.²⁷ In case you or a child that you're taking care of gets into medicine or is given too much medicine, call the poison help number right away: 1-800-222-1222. When you call, it's helpful to have information about:

- The age and weight of the person
- Condition of the person (such as trouble breathing or trouble staying awake)
- Their health history, including any allergies
- Information from the bottle—the exact product name, the quantity of medicine in the bottle, the strength, and the active ingredients
- How much was taken, and how long ago.²⁸

If it's a medical emergency, such as if the person isn't breathing, call 911 right away.

**POISON CONTROL
CENTER
1-800-222-1222**

When One Pill Can Kill: Which Medicines Are the Most Dangerous for Young Children?

Any medicine can be dangerous if a child gets too much, but which can be fatal to a toddler if even one pill or teaspoonful is swallowed? ²⁶

- Camphor found in commonly used vapor rub products
- Tricyclic antidepressants such as amitriptyline
- Oral hypoglycemics for the treatment of type 2 diabetes
- Anti-hypertensive such as calcium channel blockers used to treat high blood pressure

A review of 34 poisoning-related deaths in children ages 5 and under reported to U.S. poison control centers in 2012 found that the substances most often involved were smoke (7 deaths), lithium (2 deaths), morphine (2 deaths), tramadol (2 deaths), antifreeze (2 deaths), carbon monoxide (2 deaths), and disc batteries (2 deaths).¹

It's important to store all medicine up and away and out of reach of young children, from prescription medicine to vitamins and diaper remedies. All medicines pose a risk to children if they get into them, or if they are given too much. Make sure to keep the Poison Help Number saved in your phone: 1-800-222-1222.

Poison Control Center Funding Too Low

A call to a poison control center often eliminates the need for a trip to an emergency room entirely. More than 70 percent of calls can be treated at home under the guidance of poison control center experts.²⁵ Registered nurses and toxicologists answer the poison help hotline 24 hours a day, 7 days a week. In addition to providing expert help, poison control centers save taxpayer dollars: poison control centers save Americans more than \$1.8 billion every year in medical costs and lost productivity.³⁰ An estimated \$34.4 million is spent every year on medical costs for trips to the emergency department as a result of medicine exposures in young children, twice the federal investment in poison control centers.^{2, 3, 9} Despite the considerable cost savings that poison control centers provide, federal support has been repeatedly cut. Since 2011 federal poison control center funding has been cut by 36 percent, from \$29.6 million to \$18.8 million. In the recent bipartisan budget, poison control centers received a small increase of \$1 million. Though small, Safe Kids hopes this was a vote of confidence in poison control centers, to be followed with the larger increase that it deserves. Safe Kids will continue to work with the health care and safety communities in pressing for full funding for poison control centers based on the authorized spending level of \$30.1 million.



Tips for Families: Keeping Kids Safe Around Medicine

Did you know? Every year, more than 64,000 children go to an emergency room for medicine poisoning. That's one child every eight minutes. Almost all of these visits are because a child got into medicine during a moment alone. You can keep this from happening to your child by learning how to store, dose and get rid of medicines safely. Here's how:

Store Medicines Safely

- **Put all medicines up and away and out of sight including your own.**
Make sure that all medicines and vitamins are stored out of reach and out of sight of children. In 86% of emergency room visits for medicine poisoning, the child got into adult medicine.
- **Consider places where kids get into medicine.**
Kids get into medication in all sorts of places, like in purses and nightstands. In 67% of emergency room visits for medicine poisoning, the medicine was left within reach of the child, such as in a purse, on a counter or dresser, or on the ground. Place purses and bags in high locations, and avoid leaving medicines on a nightstand or dresser.
- **Consider products you might not think about as medicines.**
Most parents store medicine up and away – or at least the products they consider to be medicine. They may not think about products such as diaper rash remedies, vitamins or eye drops as medicine, but they actually are and need to be stored safely.
- **Be alert to visitors' medicine. Guests in your home may not be thinking about medicine they brought with them in their belongings.**
In 43% of emergency room visits for medicine poisoning, the medicine a child got into belonged to a relative, such as a grandparent, aunt or uncle. When you have guests in your home, offer to put purses, bags and coats out of reach of children to protect their property from a curious child.
- **Close your medicine caps tightly after every use.**
Buy medicines in child-resistant packages when you can. But remember, child-resistant does not mean child-proof, and some children will still be able to gain access to medicine given enough time and persistence.
- **Even if you are tempted to keep it handy, put medicine out of reach after every use.**
When you need to give another dose in just a few hours, it may be tempting to keep medicine close at hand. But accidents can happen fast, and it only takes a few seconds for children to get into medicine that could make them very sick. Put medicine up and away after every use. And if you need a reminder, set an alarm on your watch or cell phone, or write yourself a note.



Give Medicines Safely

- **Use the dosing device that comes with the medicine.**

Proper dosing is important, particularly for young children. Kitchen spoons aren't all the same, and a teaspoon or tablespoon used for cooking won't measure the same amount as the dosing device. Use the dosing device that comes with the medicine to prevent dosing errors.

- **Read the label and know what's in the medicine.**

Take the time to read the label and follow the directions on your child's medicine. Check the active ingredients listed on the label. Make sure you don't give your child more than one medicine with the same active ingredient, because it puts your child at risk for an overdose.

- **Communicate with caregivers.**

If you are depending on someone else to give your child medicine, communicate clearly to avoid double dosing or dosing errors. More than 64,000 parents call poison control centers about dosing errors each year. Write clear instructions to other caregivers including what medicine to give, when to give it, and the correct dose.

Get Rid of Medicine Safely

- **Clean out your medicine cabinet.**

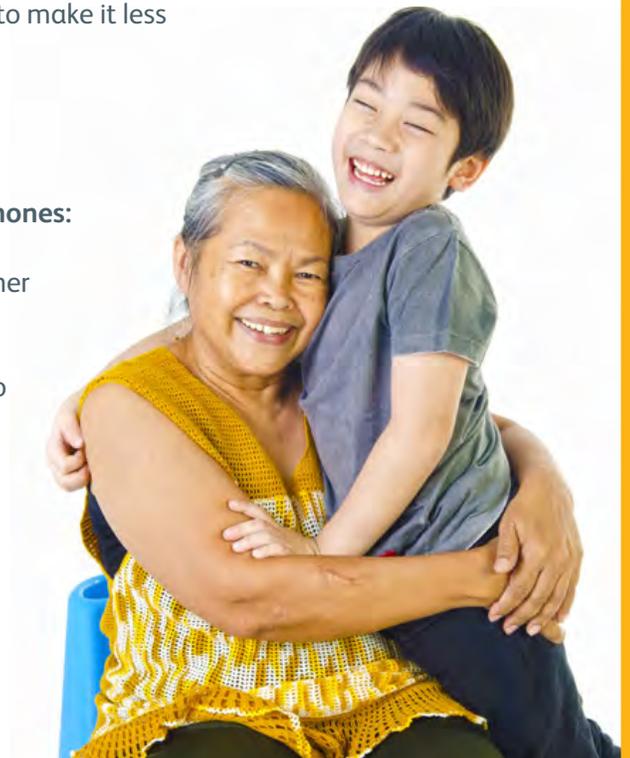
Reduce the risk of kids getting into medicine by getting rid of unused or expired medicine. Many communities have a medicine take-back program. This is an easy way to get rid of your unused or expired medicines.

To dispose of it yourself, pour the medicine into a sealable plastic bag. If the medicine is a pill, add water to dissolve it. Then add kitty litter, sawdust or coffee grounds to the plastic bag. You can add anything that mixes with the medicine to make it less appealing for children or pets.

Keep Help Handy

- **Put the Poison Help Number into your home and cell phones: 1-800-222-1222.**

You can also put the number on your refrigerator or another place in your home where babysitters and caregivers can see it. And remember, the poison help number is not just for emergencies, you can call with questions about how to take or give medicine.





Smart Strategies for Families

Every member of the family plays an important role in keeping medicine stored safely and making sure that medicine is given safely to young children. Here are five ways to help keep your family safe around medicine.

Keep all medicine up and away when young children are around – even medicine you take every day. We learned that among grandparents who take care of their grandkids daily, one in eight keeps prescription medicine on a nightstand or dresser when young kids are visiting, where kids can easily see and get into it. It's important to have medicine readily available, especially important prescriptions, but it's much safer to store medicine out of the reach of young children. Before kids come over, do a quick scan of places where you store medicine—prescription, over-the-counter, and vitamins—and make sure that they're stored out of sight and reach of kids.



Be alert to medicines stored in other locations, like pills in purses, vitamins on counters and medicines in or on nightstands. One in five grandparents who watch their grandchildren a few times a week say they keep prescription medicine in a purse, pocketbook or briefcase when supervising their grandkids. We know that grandchildren get into medicine that is kept in bags and purses: in 20 percent of emergency department cases for medicine exposures in young children, the child found the medicine in a purse, bag or wallet.⁴ To keep children safe, put bags, purses and briefcases on a closet shelf or another location that is high up and out of sight.



Store children's medicine in an out-of-reach place, including between doses. Almost half of grandparents say they give medicine to their grandchildren. Of those who do, 13 percent store it within reach between doses on the bathroom or kitchen sink, counter or table between doses where kids can see and get into it. Write yourself a note or set alarms as a reminder for when to give the next dose of medicine to a child, rather than leaving it out in a visible place. Mistakes happen when medicine isn't stored in its normal, secure location, so make sure to return medicine to a cabinet or closet shelf that's high and out of the reach and sight of children.



Choose child-resistant caps for medicine bottles, if you're able to. If pill boxes or non-child resistant caps are the only option, it's even more important to store these containers high and out of sight when caring for kids. One in three grandparents report keeping their medicine in easy-open bottles or bottles with non-child resistant caps. These solutions make medicine easier to take, but can also make it easier for young children to get into. If you're physically able to open child-resistant caps, it's best to choose these bottles if young children are in your home or you're bringing medicine to their home. Remember that child-resistant isn't the same as child-proof: make sure to always keep medicine up and away and out of sight when around young children.



Coordinate with other caregivers about when and which medicine should be given. Only four percent of grandparents who supervise grandkids daily said they followed directions from parents about which medicine to give when a child takes multiple medicines. Slip-ups can happen easily when there are several people taking care of a child. Use a dosing schedule to keep track of which medicines were given when, and provide a list of medicine that can be given to your child and give this list to all caregivers. And take the time to read and follow the label before taking or giving medicine.



By keeping these strategies in mind when taking care of young children, we can keep kids and families safe around medicine.



References

1. Mowry JB et al. 2012 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 30th Annual Report. *Clinical Toxicology*. 2013;51: 949-1229.
2. U.S. Consumer Product Safety Commission. NEISS Estimates Query Builder. Available at <https://www.cpsc.gov/cgibin/NEISSQuery/home.aspx>. Accessed January 15, 2014.
3. CDC WISQARS Cost of Injury Reports. Base year 2005, medical costs, 0-4 years. Available at <http://www.cdc.gov/injury/wisqars/cost/cost-learn-more.html>. Accessed February 19, 2014.
4. Ferguson RW, Mickalide AD. An In-Depth Look at Keeping Young Children Safe Around Medicine. Washington, DC: Safe Kids Worldwide, March 2013. Available at <http://www.safekids.org/medsreport>. Accessed February 21, 2014.
5. MetLife Mature Market Institute. "Grandparents Investing in Grandchildren." September 2012. Available at https://www.metlife.com/assets/cao/mmi/publications/studies/2012/studies/MMIGrandparentsStudy_Web.pdf. Accessed February 22, 2014.
6. U.S. Census. B10051 Grandparents living with own grandchildren, 2006-2012 American Community Survey 1-Year Estimates. Available at <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>. Accessed February 23, 2014.
7. Burghardt LC et al. Adult prescription drug use and pediatric medication exposures and poisonings. *Pediatrics*. 2013;132: 18-27.
8. Centers for Disease Control and Prevention, Merck Institute of Aging & Health. The State of Aging and Health in America 2004. Available at http://www.cdc.gov/aging/pdf/state_of_aging_and_health_in_america_2004.pdf.
9. American Association of Poison Control Centers. "Poison Centers in Danger." Available at <http://www.aapcc.org/about/poison-centers-danger/>. Accessed February 20, 2014.
10. Bronstein AC et al. 2011 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 29th Annual Report. *Clinical Toxicology*. 2012;50: 911-1164.
11. Bronstein AC et al. 2010 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 28th Annual Report. *Clinical Toxicology*. 2011;49: 910-41.
12. Bronstein AC et al. 2009 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 27th Annual Report. *Clinical Toxicology*. 2010;48: 979-1178.
13. Bronstein AC et al. 2008 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 26th Annual Report. *Clinical Toxicology*. 2009;47: 911-1084.
14. Bronstein AC et al. 2007 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 25th Annual Report. *Clinical Toxicology*. 2008;46: 927-1057.
15. Hampton LM et al. Cough and cold medication adverse events after market withdrawal and labeling revision *Pediatrics*. 2013;132: 1047-54.
16. Mazer-Amirshahi M et al. Effect of cough and cold medication restriction and label changes on pediatric ingestions reported to United States poison centers. *The Journal of Pediatrics*. 2013;163: 1372-6.
17. Lovegrove MC et al. Efficacy of flow restrictors in limiting access of liquid medications by young children. *The Journal of Pediatrics*. 2013;163: 1134-9.e1.
18. Centers for Disease Control and Prevention. "The PROTECT Initiative: Advancing Children's Medication Safety." Available at http://www.cdc.gov/medicationsafety/protect/protect_initiative.html. Accessed February 26, 2014.
19. "Up and Away and Out of Sight." Available at <http://www.upandaway.org/>. Accessed February 26, 2014.
20. Safe Kids Worldwide. "Medication Safety." Available at <http://www.safekids.org/medicinesafety>. Accessed February 26, 2014.
21. U.S. Census. B10050 Grandparents living with own grandchildren, 2005 American Community Survey 1-Year Estimates. Available at http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_05_EST_B10050&prodType=table. Accessed February 23, 2014.
22. U.S. Consumer Product Safety Commission. Poison Prevention Packaging Act Business Guidance. June 30, 2013. Available at <http://www.cpsc.gov/en/Business--Manufacturing/Business-Education/Business-Guidance/PPPA/>. Accessed February 22, 2014.
23. NIH Medline Plus. "Liquid medication administration." Available at <http://www.nlm.nih.gov/medlineplus/ency/article/002209.htm>. Accessed February 23, 2014.
24. Schoenewald S et al. New insights into root causes of pediatric accidental unsupervised ingestions of over-the-counter medications. *Clinical Toxicology*. 2013;51: 930-6.
25. American Association of Poison Control Centers. "Health Care Providers." Available at <http://www.aapcc.org/prevention/health-care-providers/>. Accessed February 23, 2014.
26. Suchard JR. "One Pill Can Kill: Pediatric Poisonings." American College of Emergency Medicine Scientific Assembly. October 16, 2011. Available at <http://webapps.acep.org/sa/Syllabi/SU-161.pdf>. Accessed February 22, 2014.
27. American Association of Poison Control Centers. Available at <http://www.aapcc.org/>. Accessed February 23, 2014.
28. National Capital Poison Center. "Questions About Calling the Poison Center." Available at <http://www.poison.org/actFast/calling.asp>. Accessed February 23, 2014.
29. GfK U.S. Available at <http://www.gfk.com/us/Pages/default.aspx>. Accessed February 27, 2014.
30. American Association of Poison Control Centers. "Poison Centers Save More than \$1.8 Billion Every Year." October 16, 2012. Available at <http://www.aapcc.org/press/6/>. Accessed February 28, 2014.

Suggested Citation

Ferguson RW, Samuel E. Keeping Families Safe Around Medicine. Washington, DC: Safe Kids Worldwide, March 2014.





Safe Kids Worldwide gratefully acknowledges McNeil Consumer Healthcare,
whose support made this report possible.

Safe Kids Worldwide
1301 Pennsylvania Avenue, NW
Suite 1000
Washington, D.C. 20004
202.662.0600

www.safekids.org

© 2014 Safe Kids Worldwide