



Minnesota Regional Poison Center

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Young Children and Poison

Introduction

This guide is designed to be used by people who care for children in their first five years of life. Its purpose is to:

- Protect children and establish environments through which children may move safely, help people who care for children make appropriate decisions regarding poison safety, and decrease the anxiety that accompanies being responsible for young children.

To achieve this, this guide focuses on specific developmental stages of young children. In each of the following seven sections, there are suggestions to assist the caregiver in understanding each age. With this knowledge of child development, caregivers can have realistic expectations and replace their anxiety with thoughtful and appropriate action. We hope this guide provides you with support in whatever place you share with young children.



Section I: Looking at Yourself

Remember, your children are watching you. They tend to mimic our actions. If big people, do it, children will want to do it. They are always watching and wanting attention.

When you clean, children think you are cleaning because you like to do it. They do not think that you are cleaning, because it needs to be done. In their simplistic reasoning, they feel you value cleanliness more than them. Therefore, they can be attracted to a cleaning product because it appears important to you. Cleaning products are a part of everyday life. Adults choose when, how much and what cleaning product is needed. Young children cannot make those choices.

Do not take medicine in front of children. If you give your attention to medicine and cleaning products, so will they. Medicines are a part of everyday life. Adults choose if and/or when medicine is needed. Young children cannot make those choices. They see your actions as fun things you do; **they imitate**.

Children need to know they come first. Otherwise, children may attempt to get your attention with behaviors such as getting into medicines, cleaning products, and other potential poisons. They do not understand that these activities may result in a life-threatening situation.

When caregivers provide proper attention and have a basic knowledge about childhood hazards and developmental stages, children will be less likely to need medical attention.



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Remember, we are the caregivers and children are curious. If we keep this in mind, healthcare professionals will not hear phrases such as:

- "I told her not to touch that."
- "He knows better than that."
- "I was only gone a minute."
- "I didn't know she could reach it."
- "I just took it out of the cupboard."
- "Her brother never got into anything."
- "She's never done that before."
- "I wish I had..."
- "I've told her a thousand times."

Section II: Looking at Children

Be realistic, look at each child's personality. No two are alike. Each does things their own way. This temperament is not related to intelligence or developmental achievement. It is more a matter of style; of how, rather than when they do it. Points to consider are each child's:

- Energy level (high or low)
- Activity level (quick or slow)
- Approach to work and play (persistent or easily distracted)
- Way of reacting (emotional or rational)

It is important to observe these personality traits because they make up who each child is and impact every stage of life. When considering poisoning risk, these differences affect care giving decisions. Some children are unpredictable; however, all children need watching.

Change in Daily Routines

Children are most comfortable in a consistent environment. When there is a change in routine, children do not receive the normal attention that they have learned to expect. Children respond in a variety of ways trying behaviors that will regain the caregiver's attention and restore consistency in their lives. Many times, these behaviors are negative (naughty) and highly effective in gaining the caregiver's attention. Unfortunately, many times these behaviors can be dangerous to a child. They may get into things and do things they know are forbidden. They do not realize the harmful consequences of their actions. They do understand that they receive the caregiver's attention.

Caregivers need to be aware poisonings (and other types of injuries) commonly occur during the times when their attention is diverted - causing a change in the child's normal routine. These disruptions may include:



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- Fighting in front of a child
- Packing for a trip - Vacations
- Situations causing tension
- Parents divorcing
- Illness
- Having guests
- Moving
- Holidays
- Other celebrations

Most childhood poisonings occur between the hours of 4 PM and 8 PM. Be vigilant during these hours as this tends to be the busiest of the day.

Section III: Looking Where Children Roam

Pay attention to where your children roam. Check the most dangerous areas first: the kitchen, garage, bathroom, and storage areas. Check everywhere, inside and out; include the basement, garage, and yard. Create solutions to fit the problems you see.

1. Get rid of all dangerous things you do not frequently use.
2. Limit children's access to dangerous things by putting these products up high, out of sight, and lock them up.
3. Most childhood poisonings occur while a product is being or just been used by the caregiver. Be aware of this.
4. Stress caused by changes in routine or tension between parents or caregivers leads a child to seek attention by using negative behaviors.
5. Remember, all things are attractive to children. Children learn by exploring their world. Caregivers need to learn what is toxic in that world.

Children find these items the most interesting to taste:

- Medications (including chewable vitamins, aspirin, Tylenol, cough syrup)
- Household cleaners, painting products, laundry products, and dishwasher detergent
- House and outdoor plants; including berries and mushrooms
- Cosmetics (especially perfumes, colognes, and aftershaves)
- Pesticides

Some of the deadliest products children swallow are:

- Medications
- Pesticides
- Oven cleaner



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- Windshield washer fluid
- Antifreeze
- Drain cleaner
- Alcohol-containing products and beverages
- Petroleum products such as furniture oil, lamp oil, gasoline, kerosene, turpentine, lighter fluids, oils.

Where do you keep these items? Are they on a high shelf out of sight and locked up? When you use them, are you watchful? Do you need all of these items in your home? Are they in the original containers?

Calls received by poison centers have indicated that the following products children often taste are safe in small amounts and have not caused injury.

- Plain shampoo
- Liquid dishwashing soap (for hand washing dishes, not machine washing)
- Bubble bath
- Hand soap
- Non-toxic plants
- A&D ointment - Desitin
- Baby wipes
- Crayons
- Baby lotion
- School paste
- Mercury from household thermometers (broken glass may cause injury)
- Cosmetics (except for perfumes, cologne, aftershave, and skin freshener).



Section IV: The Child from Birth to 6 Months

The child is:

- Pre-crawling but moving by wriggling and rolling.
- Dependent on caregivers for physical and emotional needs.
- Learning by senses, by touching and tasting everything.

The caregiver:

1. Use these few months to make decisions. What is dangerous?
2. Discard the deadliest poisons, including all old medications.
3. Put up and lock up dangerous products and medications. Various locks are available in stores.



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4. Consider the responsibility of being a model for children to imitate.
5. Learns what to do if you suspect a poisoning and saves the Poison Help number into your phone.
6. Asks poison center for poison guidance.
7. Finds out if any house or outdoor plants are poisonous and removes them.
8. Has total responsibility for child's safety.

Section V: The Child from 6 Months to 1 Year

The child is:

- Newly mobile - crawling, wall and furniture walking, creeping, walking, scooting, pulling up, opening cupboards.
- Self-centered, irresponsible.
- Getting into everything in their reach, driven to explore.
- Learning by moving and touching, tasting, grabbing, licking, feeling, and imitating.

The caregiver:

1. Reconsider what needs to be discarded, put up, and locked up, including plants.
2. Crawls around rooms to see what is at child's level.
3. Begins determining and teaching limits.
4. Looks for child when using drugs, cleaners, alcohol-containing products, and beverages, pesticides, paints, and solvents. Many poisonings occur while product is being used.
5. Has total responsibility for child's safety.

Section VI: The Child as a 1-Year-Old

The child is:

- Toddling, walking, running, opening things, purposely rearranging things to climb.
- Self-centered, unrealistic, inconsistent in remembering, lacking in common sense but amusing to all.
- Increasing small muscle skills and dexterity.
- Showing emotional confusion in frustrations: tantrums and clinging alternating with negative, independent behavior.
- Still developing attachment and trust.
- Practicing independence although doesn't know how. Uses "No!", "mine", and anti-social behavior.
- Testing and needs to learn limits.

The caregiver:



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1. Expects inconsistencies and surprises from child.
2. Prepares for child's new physical achievements.
3. Reconsider what needs to be discarded, put up and away and locked up.
4. Never assumes child understands "danger", "poison", "no" or any warning even though it is parroted back.
5. Continue to enforce appropriate limits consistently.
6. Looks for the child when using drugs, cleaners, alcohol-containing products and beverages, pesticides, paints, and solvents. Many poisonings occur while product is being used.
7. Has total responsibility for child's safety.

Section VII: The Child from 2 to 5 Years

The child is:

- Walking, running, skipping, jumping, climbing, reaching, and using things to extend his or her reach.
- Unfastening, unlocking, and hiding things.
- Developing independence accompanied by emotional swings.
- Wants to do and be like adults.
- Enjoying fantasy and make-believe play - playing house, mommy, doctor, and store.
- Increasing language skills not always accompanied by increased understanding. Ability to talk is ahead of judgment and decision-making skills.
- Periodically testing and protesting boundaries and limits.
- Often trying to be a helper. Unable, due to limited experience, to understand the meaning of "poison" or its deadly consequences.

The caregiver:

1. Stays cautious despite promises and assurance from child.
2. Assumes child can get to anything (s)he wants. Beware that locks which kept child out before may not be effective now.
3. Continues to discard, put up, and lock up dangerous products.
4. Reviews expanded playing area of growing child for safety - indoor and outdoor.
5. Realizes and accepts adults as role models that the child will imitate in their fantasy and make-believe play.
6. Maintains firm and consistent limits.
7. Looks for the child when using drugs, cleaners, alcohol-containing products and beverages, pesticides, paints, and solvents. Many poisonings occur while product is being used.
8. Has total responsibility for child's safety.



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If you suspect a poisoning has occurred, follow these steps:

- Take a deep breath and stay calm.
- If the person is in obvious distress (unconscious, seizures, hallucinations, or breathing problems), call 911.
- Otherwise, call the Poison Center at **1-800-222-1222** for Poison Help. Do not hesitate to call even if you are not sure that someone was poisoned. The Poison Center staff will determine if you need to do anything for the person, if you can treat the person at home, or if the person needs to go to the hospital for treatment.

Syrup of Ipecac

Syrup of Ipecac is **NOT** a routine treatment for poisoning. Please contact the Poison Center **before** using.

Read the [Official Minnesota Regional Poison Center Position](#) on home use of Syrup of Ipecac.

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