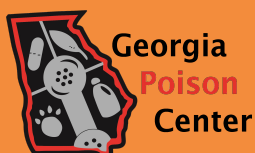

OLDER ADULT POISON PREVENTION

Prevention Strategies During the COVID-19 Pandemic



We would like to acknowledge the Washington Poison Center for developing this guide.



1.800.222.1222

GEORGIA POISON CENTER

MAY 2020

With social distancing, school closures, changes to in-person services, and other measures to reduce transmission, the COVID-19 pandemic has caused significant changes to daily life.

Older adults (ages 60 and older) are particularly affected by changes, as this age group's higher risk of severe illness places increased importance on social distancing. As a result, those who live independent from nursing homes may have difficulty accessing basic needs, services, caregivers, and more.

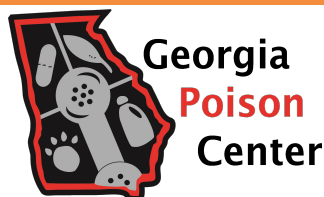
Older adult-serving organizations across the state of Georgia are working to support older adults in their communities with services to meet basic needs. We encourage you to visit the web pages of your local government, seniorcenters, and older adult-serving agencies for resources in your area.

Life changes stemming from COVID-19 also place older adults at higher risk of poisoning.

Social distancing presents challenges beyond decreased access to basic needs and services. Disruptions to daily routines, isolation, stress, and anxiety around circumstances can all lead to poisoning, both accidental and intentional.

The following guide outlines poison risks particular to older adults during the COVID-19 pandemic, as well as strategies for their mitigation.

For any questions or emergencies with potential poisons, call the Poison Helpline at 1-800-222-1222. The helpline is available 24/7/365, even during this pandemic. All calls are free and confidential.



1.800.222.1222

MEDICATION MANAGEMENT

Older adults and their caregivers frequently call the Georgia Poison Center about medication errors, such as accidentally double dosing, taking the wrong medication, or taking the wrong person's medication.

Disrupted daily routines with the COVID-19 pandemic may increase risk for medication errors:

- A new routine can make it difficult to remember when to take medications.
- The stress of isolation and meeting basic needs may decrease focus when taking medications.
- Being distracted can lead to taking the wrong dose or wrong medication.
- An older adult who previously relied upon a caregiver (formal or unpaid) for medication assistance may need to be more independent during isolation.

Medication Management Strategies

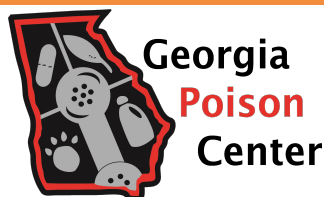
Create a physical system to track when medications are taken

Instead of relying on memory or cues from daily routines, use a reminder system. Examples include medication checklists (see resources at the end of this guide), a calendar, or a cell phone reminder app. Pill organizers like pill boxes and bubble packaged doses from pharmacies are also helpful.



Practice safe medication storage and use

Always keep medications in containers— either the original container or a pill box. Store these containers in separate locations from those of other household members, or use colored bands/colored pill organizers to differentiate medications belonging to different people. Turn on the lights and put on glasses when taking medications.



1.800.222.1222

MEDICATION MANAGEMENT

Strategies, continued

Use a medication list

Document medications & important medication instructions in a list with all the prescriptions, over-the-counter medications, and vitamins or supplements you regularly take. For each medication, include its name, dose, purpose, the time of day to take it, and any special instructions. See the resources at the end of this guide for medication list templates and instructions.

Read medication labels closely

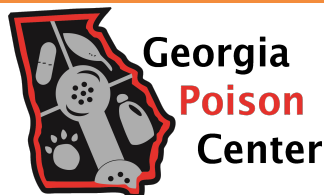
Take the recommended dosage at the recommended time increments, unless told otherwise by your doctor/pharmacist. When taking over-the-counter medications, check the ingredients and reference your medication list to make sure you aren't double dosing with other medications.

Add labeling to "look-a-like" substances

Some medications look similar to other medications or non-pharmaceutical substances. Use markers, stickers, tape, or other forms of labeling to visually differentiate "look-a-likes." For example, differentiate between eye and ear drops by adding tape with "eye" or "ear" written in large print, or using a marker to make the caps different colors. Always turn on the lights and put on glasses when taking medications.



Call the Poison Helpline (1-800-222-1222) with any questions about medications, dosing, or if an error occurs.



1.800.222.1222

SELF-MEDICATING

There are many rumors circulating about ways to treat or prevent COVID-19. However, there are currently NO approved medications, vaccines, supplements, vitamins, or any other substance to prevent or treat the virus. A product that claims to do so may have harmful or even life-threatening side effects. And, vitamins and supplements touted to "boost immunity" may interact with other prescription or over-the-counter medications you are taking.

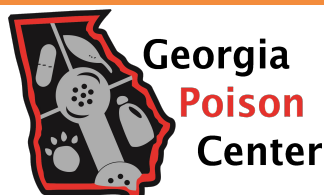


Before trying a new medication, vitamin, or supplement, talk to your doctor/pharmacist or call the Poison Helpline. Ask about any health or safety considerations specific to your health and current medications.

Never ingest disinfectants (like bleach) or nonpharmaceutical substances that claim to prevent or treat COVID-19. Call the Poison Helpline if you are unsure if a substance is safe.

You may also have heard of researchers and hospitals studying and using different medications to treat patients diagnosed with COVID-19. The use of medications in research and hospital settings is closely monitored to ensure the safety and health of patients. Obtaining non-prescription forms of these medications or using a prescription inappropriately can have severe health consequences.

Talk to your doctor/pharmacist or call the Poison Helpline before trying a new medication or altering your current medication plan (i.e., changing the dose/amount that you take).



1.800.222.1222

CLEANERS & DISINFECTANTS

Cleaning and disinfecting are important mechanisms in preventing the spread of COVID-19. However, when used incorrectly or in the wrong amount, cleaners and disinfectants can be harmful.

Poison Prevention Strategies

Read and follow all directions and safety warnings

Read the label thoroughly before using any product. Be sure to check if a product needs to be diluted (i.e., if it is concentrated), or if it is ready to use. Using products at a higher concentration than recommended can be dangerous.

Open windows and doors to ensure adequate ventilation

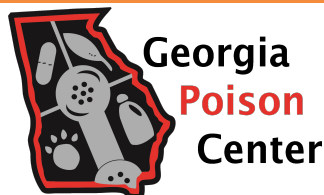
Do NOT mix products

Mixing certain cleaning products can create hazardous gases. Examples of products to NOT mix: bleach and ammonia, vinegar, acids, or other cleaners.

Store cleaners, household chemicals, and other potentially harmful products in their original containers

Store products up high and out of reach of young children

Call the Poison Helpline (1-800-222-1222) if a cleaner/disinfectant is ingested, splashed on skin or eyes, or if you feel ill while cleaning.



1.800.222.1222

GRANDPARENTS

Some older adults are assisting with childcare, which can pose poison risks for both the older adult AND the child. These risks are present at any time, but may be heightened during the COVID-19 pandemic, with increased stress, distractions, and use of certain products.

Poison Prevention Strategies

Kids are curious and like to mimic the adults in their lives. Because of this, it is important to always:

- **Take your medications out of sight of children**
- **Store all medications where they cannot be seen or reached by children**
- **Keep cleaners, sanitizers, and any other potentially harmful household products out of sight and out of reach of young children**

Check carpet/floors for dropped medication

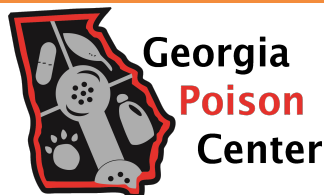
Medication can look similar to candy. If accidentally ingested, over-the-counter and prescription medications can be harmful for children.



Always supervise children when using hand sanitizer

Hand sanitizer has high alcohol content, which can be very harmful to children if ingested— even in small amounts. Store hand sanitizer out of sight and out of reach of any children. Call the Poison Helpline (1-800-222-1222) immediately if a child has ingested hand sanitizer.

Use medication management strategies to ensure distractions and new daily routines do not lead to medication errors.



1.800.222.1222

INTENTIONAL USE/MISUSE

For older adults, experiencing isolation is linked with poor physical and mental health, especially anxiety and depression. Social isolation and mental health issues are not new challenges— prior to the COVID-19 outbreak, approximately 1 in 5 older adults were experiencing mental health problems.

COVID-19-related isolation and stress may place even more older adults at risk. These older adults may, in turn, increase their use of substances (such as alcohol, cannabis, prescription medications, and other drugs), and/or be at an increased risk of self-harm or suicide.

Prevention Strategies

Set regular communication

Schedule phone calls, video chats, or messaging times with friends, family, and other supports. With so much uncertainty during this outbreak, it can be helpful to establish even brief periods of certainty. It is additionally helpful to know that there is still support available, despite the necessary distance.

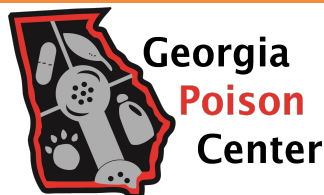
Reconnect with organizations or social connections that were an important part of your life pre-COVID-19 pandemic.

Many organizations and groups (like churches, senior centers, libraries, etc.) are setting up ways to support their members. Give them a call to see how you can still be involved.

If you or someone you know needs emotional support or is thinking of suicide, contact the National Suicide Prevention Lifeline: 1-800-273-8255

-

For immediate help after self-harm, call 911



1.800.222.1222

WHAT TO EXPECT WHEN YOU CALL THE POISON HELPLINE

1

Call about yourself or someone else

You can call about yourself, your child/grandchild, friend, or even a stranger. Calling the Poison Helpline will always be free and confidential.

2

You will talk to a poison expert

Your call will be answered by a nurse, pharmacist, or poison information provider with expert knowledge in poisons, drugs, and toxicology.

3

Tell them what happened

What was taken? How long ago did it happen? How much was taken? How is the person feeling? It's ok if you are not sure of all the details.

4

They will tell you what to do

Most of the time, the poison expert can tell you everything you need to do over the phone. If you do need to go to the emergency room, they will tell you, and will tell you if you should drive or call 911. They will also call ahead to let the ER know you are on your way and suggest a treatment.

5

They will call you back

The poison expert will oftentimes call you later, just to make sure everything is all right. You can ask more questions then, or call back later with other concerns.

You cannot know about all the things that might hurt you or another person. Call the Poison Helpline right away with any concerns, or just for information.



**Georgia
Poison
Center**

1.800.222.1222

Medication Checklist

Name: _____

Emergency Contact Name: _____

Phone Number: _____

Medication & Dosage	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____

For medical advice on medication errors, dosing, and interactions, call the Georgia Poison Center at 1-800-222-1222.

Nurses and pharmacists are available 24/7. All calls are free and confidential.

To download and print additional forms, visit wapc.org

MEDICATION LIST

- Development Guide -

Use this guide to develop a comprehensive medication list, including prescription medications, over-the-counter medications, supplements, and any other substances/drugs. Templates are included at the end of the development guide.

- Take the completed medication list to all healthcare providers and pharmacy visits. Ask your provider and/or pharmacist to review the list for accuracy and any potential drug interactions.
- Keep a copy of the list in your home for emergency situations.
- Ensure the medication list is updated as soon as possible after any medication plan changes.

After completing the comprehensive medication list, fill out the “wallet medication list.” This shortened medication list can be kept in your wallet or purse or placed on the refrigerator for quick reference to emergency medical information and the basics of your medication plan.

Prescription Medications

1. What prescription medications are you currently taking?
2. Do you use any prescription creams, ointments, or drops?
3. For each prescription medication, cream, ointment, or drops:
 - What is the name of this medication?
 - What is the strength of the medication?
 - Why do you take this medication? [for what condition or symptom?]
 - How much of this medication do you take? [number of pills, liquid amount, etc.]
 - When do you take this medication?
 - How do you take this medication? [orally, injection, sublingually, etc.]
 - What are other special instructions for taking this medication? [with food, with water, do not take with specific substances/foods, etc.]
 - What does this medication look like?
 - What is the start and stop date for this medication?
 - Who prescribed this medication?
 - Where do you get this prescription filled?



Over-the-Counter Medications

Include both the medications you take regularly and the medications you take when you need them.

1. Do you use any creams or ointments on your skin?

- Why do you use this cream or ointment?
- How often do you use this cream/ointment?
- How much of this cream/ointment do you use??
- What time of day do you use this cream/ointment?
- For regular use: Did your doctor tell you to use this cream/ointment regularly? If so, which doctor?

2. What do you take when you get a headache, have muscle pain, or arthritis pain?

- How often do you take this medication?
- How much of this medication do you take?
- For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?

3. What do you take when you get a cold?

- How often do you take this medication?
- How much of this medication do you take?
- For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?

4. What do you take for indigestion, heartburn, or constipation?

- How often do you take this medication?
- How much of this medication do you take?

5. Do you take any medications for allergies? If yes:

- What do you take?
- How often do you take this medication?
- How much of this medication do you take?
- For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?

6. Are there any other over-the-counter medications that you take? If yes:

- What do you take?
- How often do you take this medication?
- How much of this medication do you take?
- For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?



Vitamins, Herbal Medications, Supplements, & other Substances

1. Do you take any vitamins, herbal medications, supplements, or any other substance/drug?

If yes:

- What do you take?
- Why do you take this vitamin/herbal medication/supplement/other substance?
- How often do you take the vitamin/herbal medication/supplement/other substance?
- How much of the vitamin/herbal medication/supplement/other substance do you take?
- For regular use: Did your doctor tell you to take this vitamin/herbal medication/supplement/substance regularly? If so, which doctor?



Updating the Medication List

After each provider appointment:

1. Did your doctor start you on any new medicines?
2. Did your doctor stop any medications you were taking?
3. Did your doctor make any other changes to your medications?

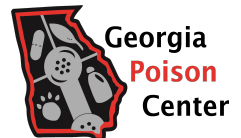
If yes to any of the above questions, go through all sub-questions under Prescription Medications Question 3.

PRESCRIPTION MEDICATION LIST

Date Updated: _____ Name: _____

Medication name & strength (Example: Simvastatin 10 mg)	
What I take it for (Example: Cholesterol)	
How much I take & at what time (Example: 1 pill at bedtime)	
How do I take it? (Example: by mouth)	
Special instructions (Examples: take with food; avoid eating grapefruit)	
What it looks like (Example: pink, oval, imprinted with H, 17)	
Start & stop date (Example: June 1, 2017 - present)	
Who prescribed it (Example: Dr. Smith)	
Where I get it filled (Example: Safeway 2nd St)	

For additional copies, visit www.wapc.org. In case of a medication question or error, call the Georgia Poison Center at **1-800-222-1222**. In case of emergency, always call **911**.



1.800.222.1222

OVER-THE-COUNTER MEDICATION & SUPPLEMENT LIST

Date Updated: _____

Name: _____

Medication/Supplement name & strength (Example: Zantac 150mg)	
What I take it for (Example: prevent heartburn)	
How often do I take this medicine/supplement (Examples: once a day, when I have symptoms, etc.)	
How much I take & at what time (Example: 1 pill 30-60 minutes before I eat dinner)	
How do I take it? (Example: by mouth)	
Special instructions (Example: take with a glass of water; can be taken two times in 24 hours)	
What it looks like (Example: pink, round, imprinted with GG 705)	
<i>As applicable:</i> Who told me to take it (Example: Dr. Smith)	

For additional copies, visit www.wapc.org. In case of a medication question or error, call the Georgia Poison Center at 1-800-222-1222. In case of emergency, always call 911.



1.800.222.1222