



# POISONING, OVERDOSE, OR ACUTE INTOXICATION DEATHS: **CONSIDERATIONS FOR REVIEW & DEATH SCENE INVESTIGATION**

TELLING STORIES TO SAVE LIVES



# Key Funding Partner

## Federal acknowledgement

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# Prioritizing Personal Wellbeing

The content of today's meeting may include information about individual or aggregate fetal, infant, or child deaths. This may evoke strong feelings or other distress. Please prioritize your own wellbeing during this meeting, even if you need to step away from the meeting. Contact the Suicide & Crisis Lifeline at 988 via phone or text for additional support.



# HOUSEKEEPING

Before we get started

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- This webinar is being recorded and will be available on the National Center's webpage (URL: [www.ncfrp.org](http://www.ncfrp.org)).
- Participants are muted. Use the question-and-answer box ask questions.
- Contact the National Center (email: [info@ncfrp.org](mailto:info@ncfrp.org)) for any technical problems.





# EVALUATION

<https://www.surveymonkey.com/r/32BRMMX>

# Diane Pilkey, RN, MPH

**Federal Welcome and Introductions**

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**Senior Nurse Consultant**

Division of Child, Adolescent and Family Health

Maternal and Child Health Bureau

Health Resources and Service Administration







## HRSA'S VISION FOR THE NATIONAL CENTER

# Improving Systems of Care and Outcomes for Mothers, Infants, Children, and Families

Assist state and community programs in:

- Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes.
- Improving the quality and effectiveness of CDR/FIMR processes.
- Increasing the availability and use of data to inform prevention efforts and for national dissemination.



### Cause for Concern

Define what constitutes a poisoning, overdose, or acute intoxication death.



### Quick-Look

Explore NFR-CRS data Quick-Look on poisoning, overdose, or acute intoxication deaths for those ages 1-17 years old.



### Resources

Identify poisoning, overdose, or acute intoxication prevention resources and strategies.



### Death Scene Investigation

Considerations during a poisoning, overdose, or acute intoxication fatality investigation.



### National Center Guidance Document

A resource to help build capacity for the investigation and review of poisoning, overdose, or acute intoxication fatalities.



## PRESENTATION GOALS



# Speakers

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The speakers have no financial relationships or interests to disclose



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Judicial District Attorney's Office  
(Retired)



# Poison Control Prevention

Programs and Resources





# Overview of Poison Control Centers Program

## National Center for Fatality Review and Prevention

*March 7, 2024*

**Jordan Tautges**

**Division of Child, Adolescent, and Family Health (DCAFH)**

**Maternal and Child Health Bureau (MCHB)**

**Vision: Healthy Communities, Healthy People**

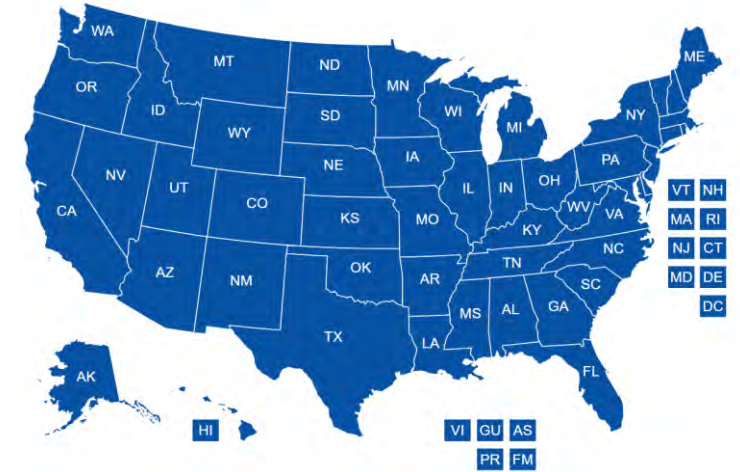


# Poison Control Program Overview

Poison Help  
Line

Poison  
Centers

Awareness &  
Education



Find a Poison Center





# Poison Center Overview



**HRSA**

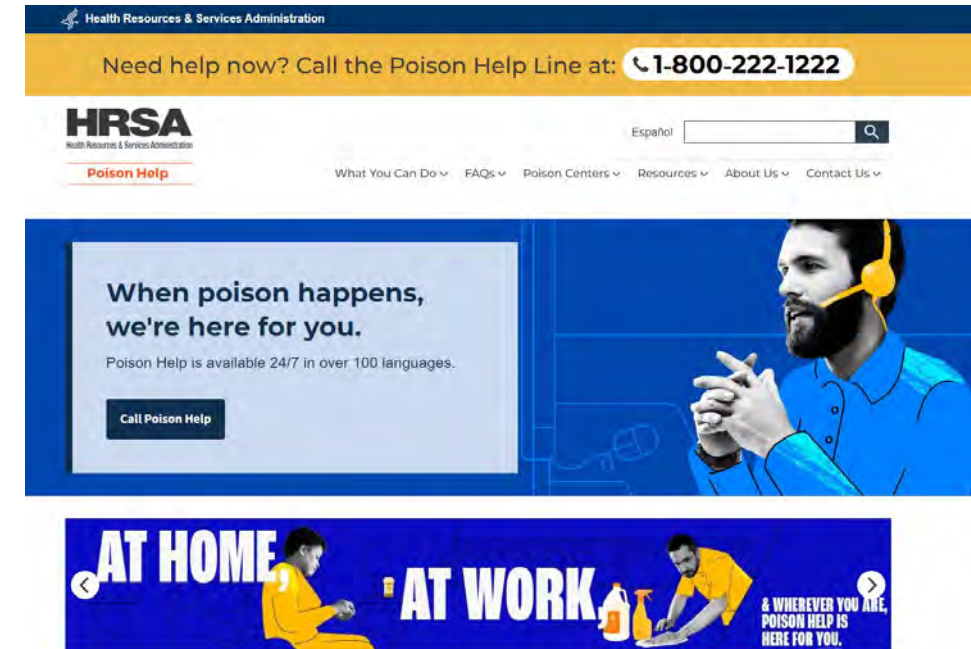
Health Resources & Services Administration

**Poison Help**



# Funding and Resources

- New Notice of Funding Opportunity for the Poison Control Centers Program released and is available here: [grants.gov/search-results-detail/349428](https://grants.gov/search-results-detail/349428).
  - Applications due May 1, 2024.
- National Poison Prevention Week is March 17-23, 2024. Information and resources will be available here: <https://poisonhelp.hrsa.gov/>



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### Technical Assistance and Training

On-site, virtual and/or recorded assistance, customized for each jurisdiction, is provided to CDR and FIMR teams.



### National Fatality Review-Case Reporting System

Support the NFR-CRS which is used in 47 states and provides jurisdictions with real-time access to their fatality review data.



### Resources

Training modules, webinars, written products, newsletters, list-serv, website and more.



### Communication with Fatality Review Teams

Regular communication via listserv, newsletters and regional coalitions.



### Connection with National Partners

Develop or enhance connections with national organizations, including federal and non-federal partners.



**ABOUT THE NATIONAL  
CENTER**



For this webinar, the term poisoning will include poisoning, overdose, or acute intoxication.



# Cause for Concern

## CDR Teams are Uniquely Positioned to Improve Our Understanding of Poisoning Deaths

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- Unintentional poisonings from drugs and other substances, such as household chemical products, are a leading cause of death for children of all age groups.<sup>1</sup>
- 1 Every hour, five children are rushed to emergency rooms for medicine poisoning in the United States.<sup>2</sup>
- Most of these deaths are preventable.<sup>3</sup>

<sup>1</sup> National Center for Health Statistics (NCHS), National Vital Statistics System, <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

<sup>2</sup> Safe Kids Worldwide, Keeping Kids Safe Around Medicine: Insights and Implications, <https://www.safekids.org/press-release/five-kids-rushed-emergency-rooms-every-hour-medicine-poisoning>

<sup>3</sup> National Center for Fatality Review and Prevention Data Dictionary, [https://ncfrp.org/wp-content/uploads/DataDictionary\\_CRS\\_v6-0.pdf](https://ncfrp.org/wp-content/uploads/DataDictionary_CRS_v6-0.pdf)







# DATA QUICK-LOOK

Deaths From Poisoning For Those Ages 1-17 Years Old



The background of the slide is a photograph of a forest path. The path is made of gravel and is covered with fallen yellow and brown leaves. It curves through a dense forest of green trees. A dark, semi-transparent rectangular box is overlaid on the left side of the image, containing the title and text. A small yellow vertical bar is on the left edge of this box.

# Structural Inequity

Some families lose infants, children and youth to the types of deaths reviewed by fatality review teams, not because of the actions or behaviors of those who died, or their parents or caregivers. Social factors such as where they live, how much money or education they have and how they are treated because of their racial or ethnic backgrounds can also contribute to a child's death. Segregation impacts access to high-quality education, employment opportunities, healthy foods and health care. Combined, the economic injustices associated with residential, educational and occupational segregation have lasting health impacts that include adverse birth outcomes, infant mortality, high rates of homicide and gun violence and increased motor vehicle deaths.



# NFR-CRS Utilization

## There are currently 47 states using NFR-CRS

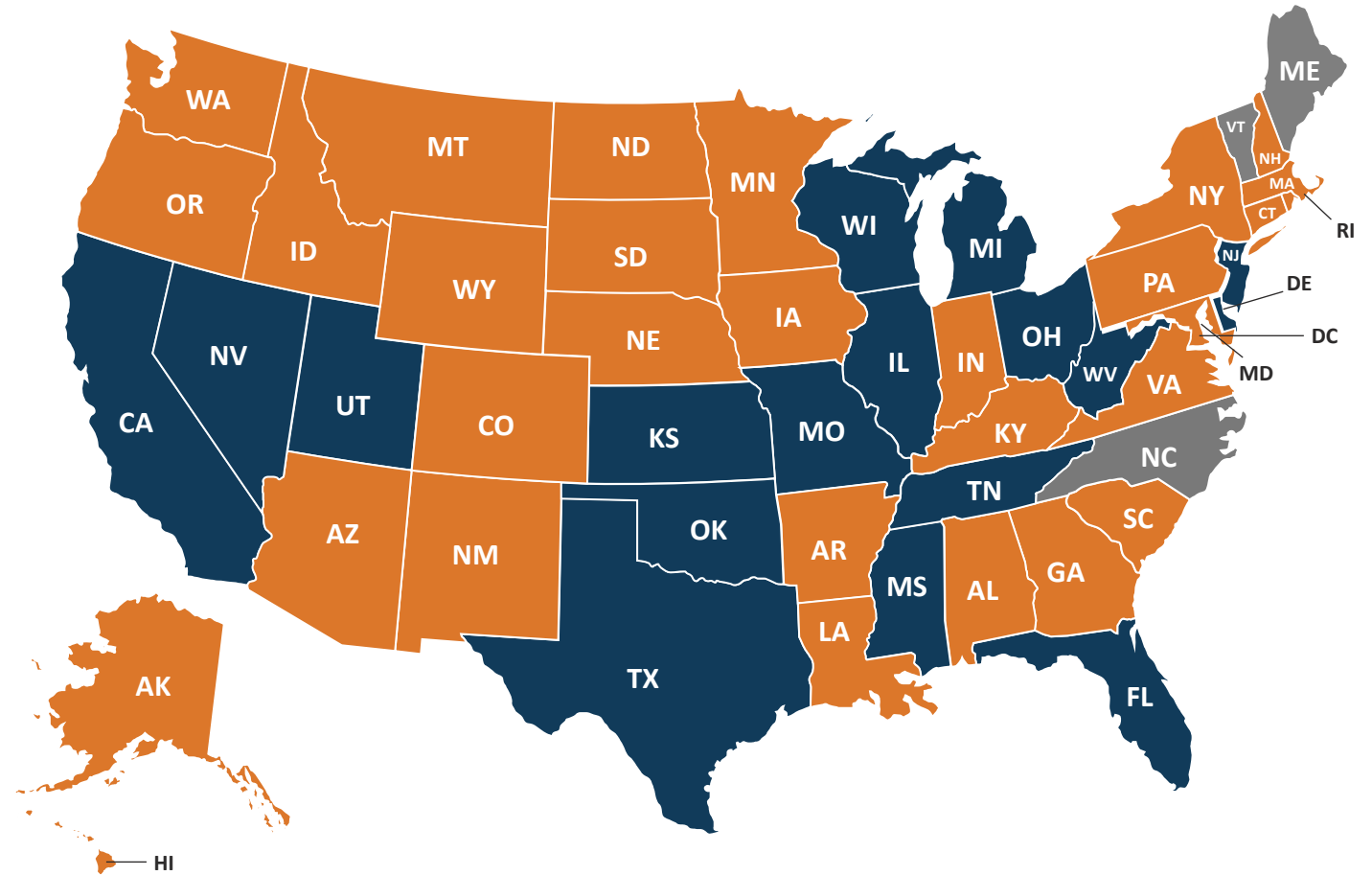
- 47 use NFR-CRS for CDR
- 17 use NFR-CRS for FIMR

**Each state uses NFR-CRS differently.** Some have comprehensive reviews whereas others may only use NFR-CRS in one jurisdiction.

## States Using NFR-CRS for CDR

## States Using NFR-CRS for CDR and FIMR

## States Not Using NFR-CRS





# Deaths that Occurred Due to Poisoning, Overdose, or Acute Intoxication

NFR-CRS data from 3,030 deaths, that occurred to children ages 1-17 between 2004-2020



## AGE



16% 1-4 years old  
4% 5-9 years old  
14% 10-14 years old  
66% 15-17 years old



## RACE AND ETHNICITY



3% AI/AN, 2% Asian, 15%  
Black, 2% Multiracial, <1%  
NH/PI, 78% White, and 20%  
Hispanic



## SEX

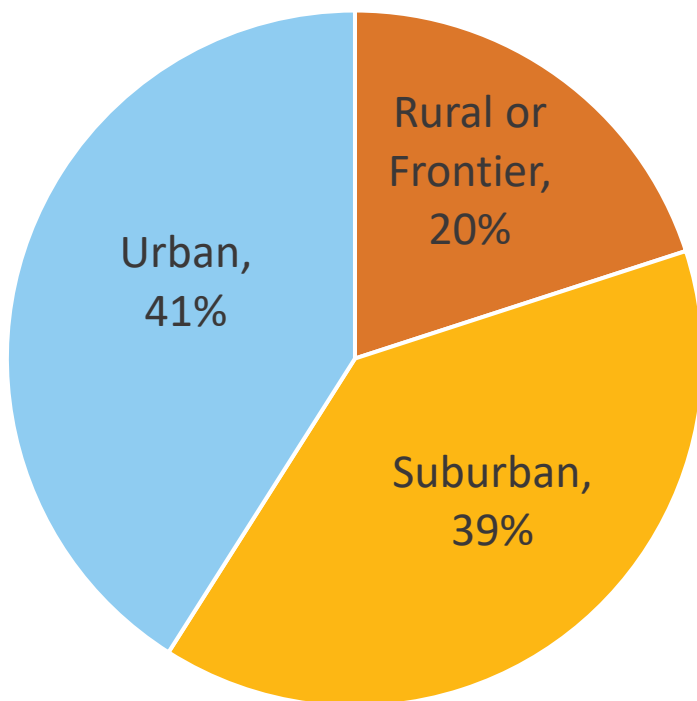


59% were male and 41% were  
female according to their  
death certificate

# Incident and Investigation Information

NFR-CRS data from 3,030 deaths, that occurred to children ages 1-17 between 2004-2020

## Incident Area



## Place of Incident

**63%** occurred at the child's home.

**13%** occurred at a friend's home.

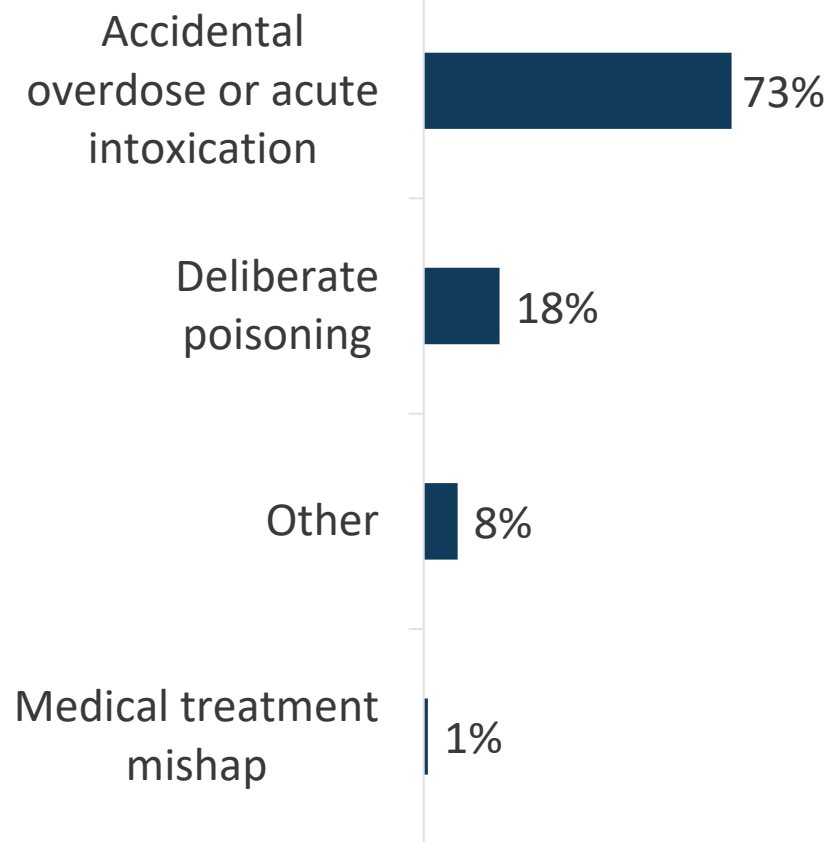
## Investigation

Toxicology testing conducted 99% of the time.

A death investigation was completed in 95% of cases.

Autopsy conducted 93% of the time.

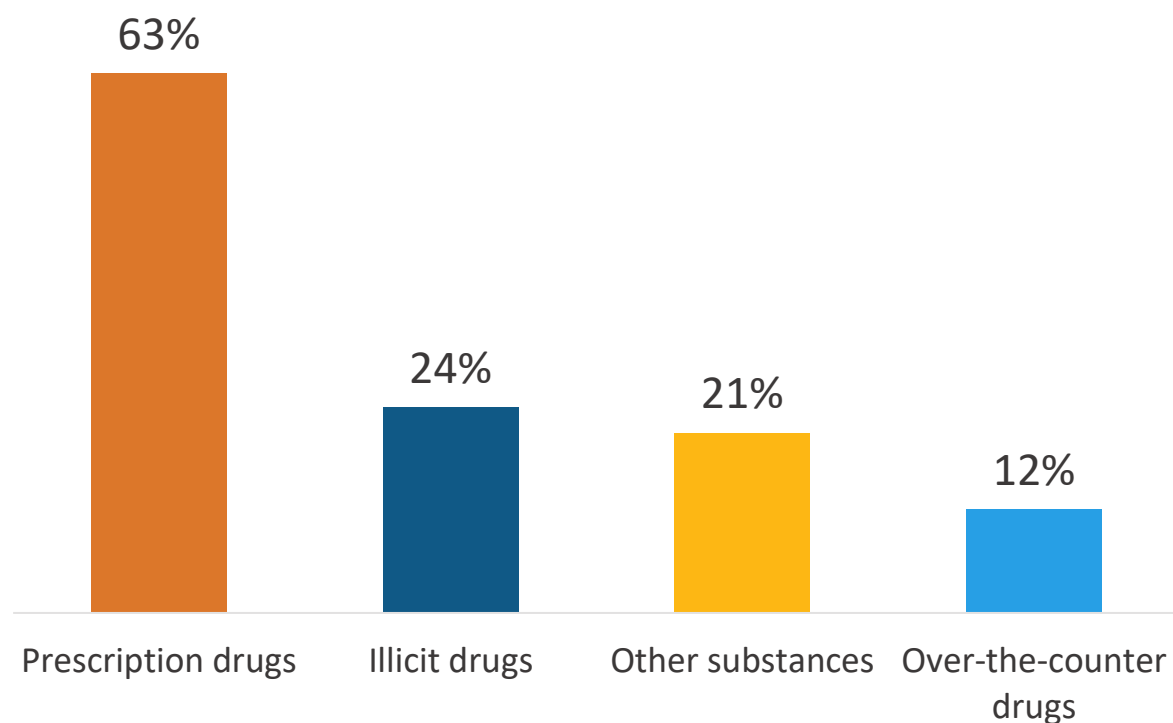
## Type of Incident



# Contributing Substances\*

NFR-CRS data from 3,030 deaths, that occurred to children ages 1-17 between 2004-2020

## Substance Type



### Prescription drugs

- **63%** opioid pain medication
- **22%** antidepressant/antianxiety
- **19%** medication for substance use disorder
- **10%** benzodiazepine

### Illicit drugs

- 59% other illicit substance (e.g., other street drugs)
- 17% fentanyl
- 12% cocaine
- 12% heroin

### Other substances

- 47% alcohol
- 30% carbon monoxide
- 15% other substance (e.g., other cleaners and chemicals)
- 11% other fume/gas/vapor

### Over-the-counter drugs

- 40% pain medication
- 35% antihistamine
- 23% cough medicine
- 12% other over-the-counter drug (e.g., sleep aids)

\* Substance categories total beyond 100%. More than one substance could have been identified at the time of investigation as contributing to the death.



# Polysubstance Deaths

NFR-CRS data from 1,046 deaths, that occurred to children ages 1-17 between 2004-2020

**35% of deaths were attributed to two or more substances.**



**63% involved two substances**



**25% involved three substances**

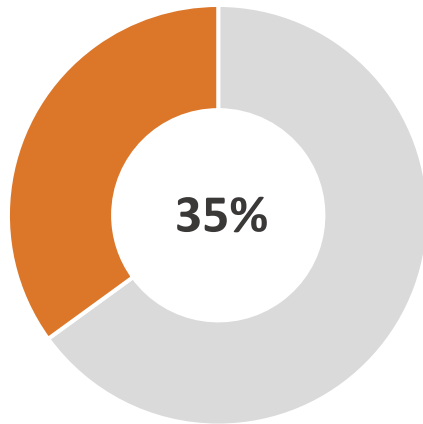


**12% involved four or more substances**

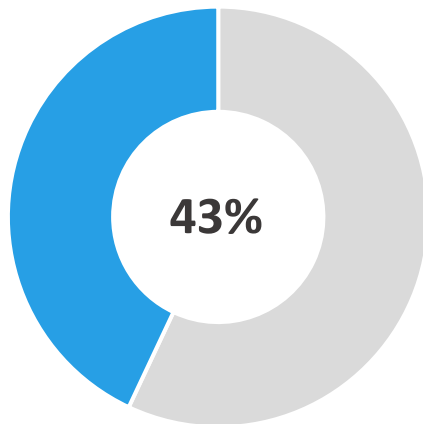
\* Substance categories total beyond 100%. More than one substance could have been identified at the time of investigation as contributing to the death.

# Child History

NFR-CRS data from 3,030 deaths, that occurred to children ages 1-17 between 2004-2020



35% of children had a prior disability or chronic illness.



43% of children had a history as a victim of child maltreatment.

## Among youth 10-17 years old...

78% had a history of substance use

66% had received prior mental health services

64% had problems in school

43% were receiving mental health services at time of death

# Prevention Resources

Tools to Consider

1

## POISON CENTERS



[Health Resources & Services  
Administration](#)

2

## PRESCRIPTION DRUG MISUSE AND POISONING PREVENTION



[Children's Safety Network](#)  
(Prescription Drug Misuse)  
[Children's Safety Network](#)  
(Poisoning Prevention)

3

## OVERDOSE PREVENTION STRATEGY



[U.S. Department of Health  
and Human Services](#)



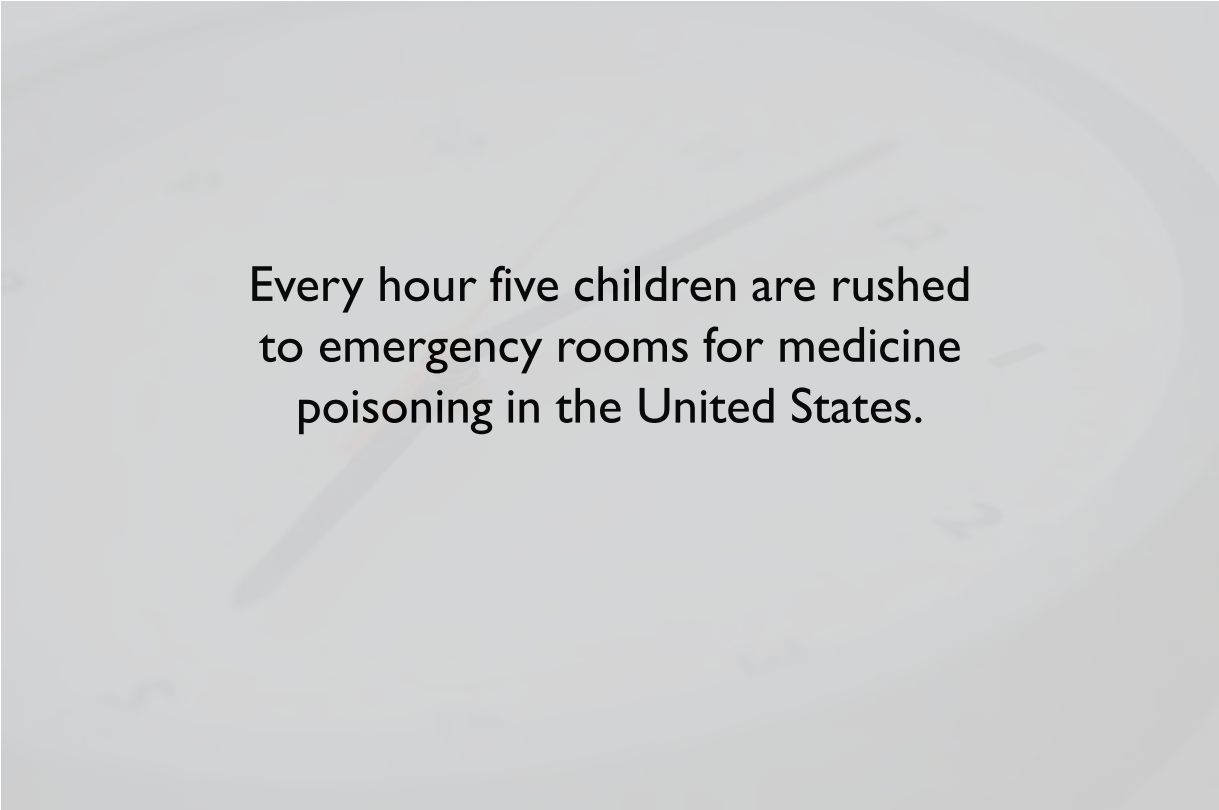


# DEATH SCENE INVESTIGATION

Considerations During a Poisoning Fatality Investigation

# POISONING, OVERDOSE OR ACUTE INTOXICATION

Investigation for resolution and prevention



Every hour five children are rushed  
to emergency rooms for medicine  
poisoning in the United States.

Unintentional Poisonings from drugs and other substances, such as common household chemical products, are a leading cause of death for children of all age groups.

# PURPOSE

Discuss

Types of deaths that fall into the category of poisoning, overdose or acute intoxication.

Discuss

Age groups, substances and scene variables concerning for those age groups.

Discuss

Current statistics and why data matters.

Emphasize

Death scene investigations and prevention.



A



B



C



D



E



F



G



H



I



J



# POISONING

- Poisoning deaths occur when the primary cause of death is due to a substance being consumed or ingested in utero, orally, nasally, intravenously, or through the skin.
- Substances can include prescription drugs, illicit drugs, over-the-counter drugs, or other substances such as alcohol, batteries, chemicals, carbon monoxide (CO), or other fumes/gases/vapors etc.





## POISON CONTROL

### What are the most common substances implicated in poison exposures?

Cosmetics and personal care products continued to lead the list of the most common substances implicated in pediatric exposures in 2021. Cleaning substances and pain medications followed. These exposures are nearly always unintentional.

Substance Category	No. Cases	%
Cosmetics/Personal Care Products	95,848	10.8
Cleaning Substances (Household)	94,279	10.7
Analgesics	72,155	7.6
Dietary Supplements/Herbals/Homeopathic	61,827	7.0
Foreign Bodies/Toys/Miscellaneous	57,493	6.5
Vitamins	42,784	4.8
Antihistamines	42,480	4.8
Topical Preparations	37,362	4.2
Plants	21,400	3.6
Pesticides	28,972	3.3

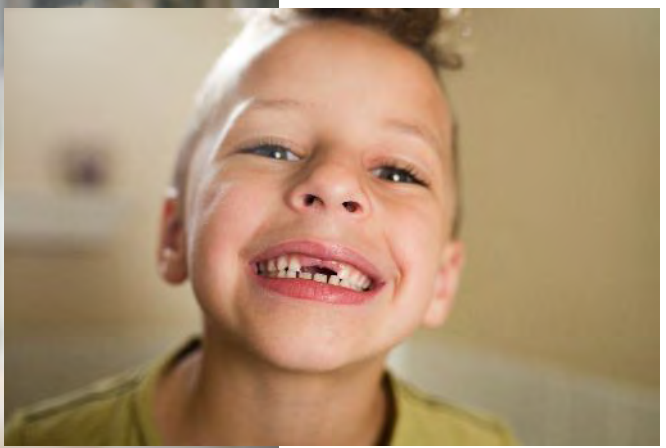
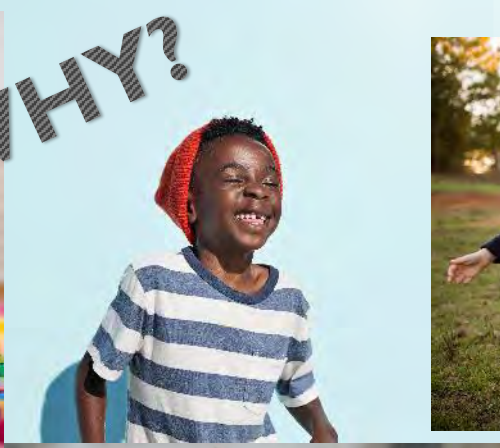


EXPERIENCE IS THE HARDEST KIND OF TEACHER.  
IT GIVES YOU THE TEST FIRST AND THE LESSON AFTERWARD.  
- OSCAR WILDE





BUT WHY?



## WHY DATA COLLECTION?

Guides accurate determination of cause & manner of death.

Contributes to resolution for loved ones of decedent.

Improves data to support change that is effective in preventing child poisoning deaths.

Details matter – evidence is not permanent.

INCIDENT CIRCUMSTANCES, *continued*

15. Indicate the items present in the sleep environment and their positional relation to the infant when the infant was found.

Item	Present?	If yes, position in relation to infant?	If yes, did object obstruct the infant's mouth, nose, chest, or neck?
Adult(s) (18 years or older)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Other child(ren) (younger than 18 years)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Animal(s)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Mattress	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Comforter, quilt or other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Fitted sheet	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Thin blanket	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Pillow(s)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Cushion	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Nursing or u-shaped pillow	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Sleep positioner (wedge)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Bumper pads	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Clothing (not on a person)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Crib railing or side	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Wall	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Toy(s)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Other, specify:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Over <input type="radio"/> Under <input type="radio"/> Next to <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

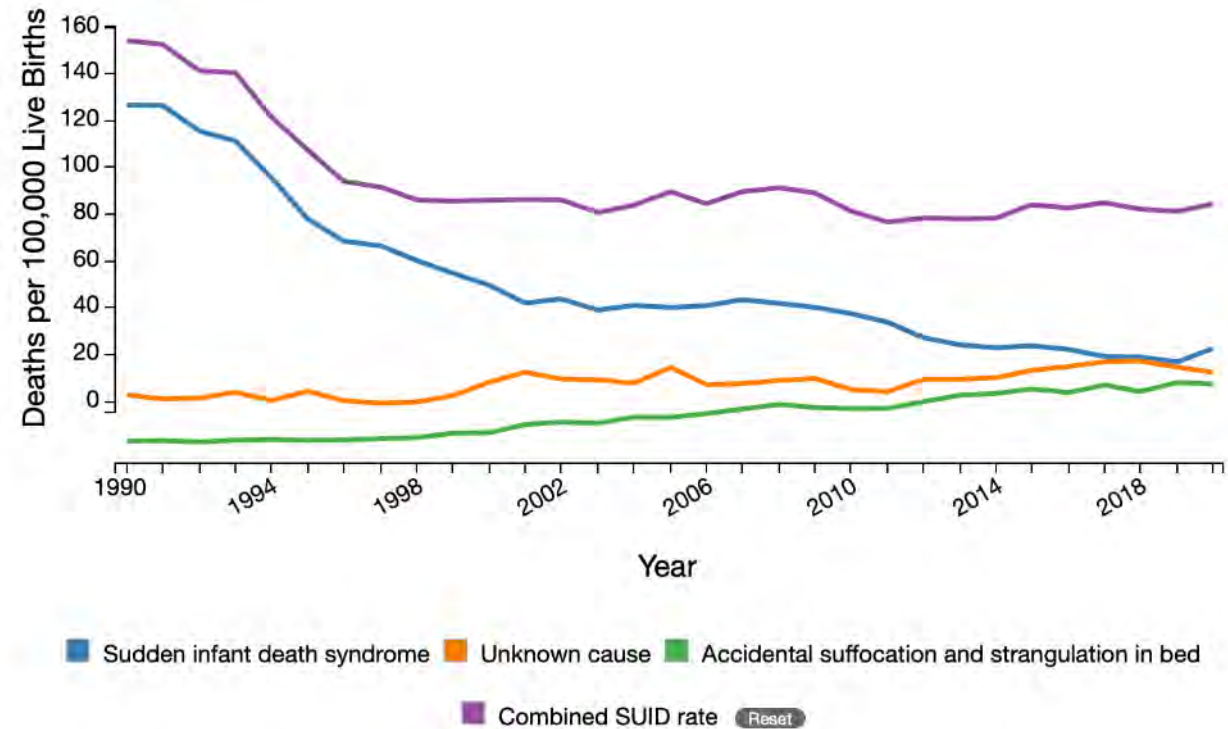
If yes to adult(s) or child(ren) sharing sleep surface with the infant, complete table below. ☐ NA

Name of individual(s) sharing sleep surface with infant	Relationship to infant	Age	Height	Weight	Impaired by drugs or alcohol?	Fell asleep feeding infant?
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown



## HISTORY OF SUIDI FORM

Trends in Sudden Unexpected Infant Death by Cause, 1990–2020



# HOW CAN WE DUPLICATE THIS?



Understand the data we have and why we care.



What data is missing?



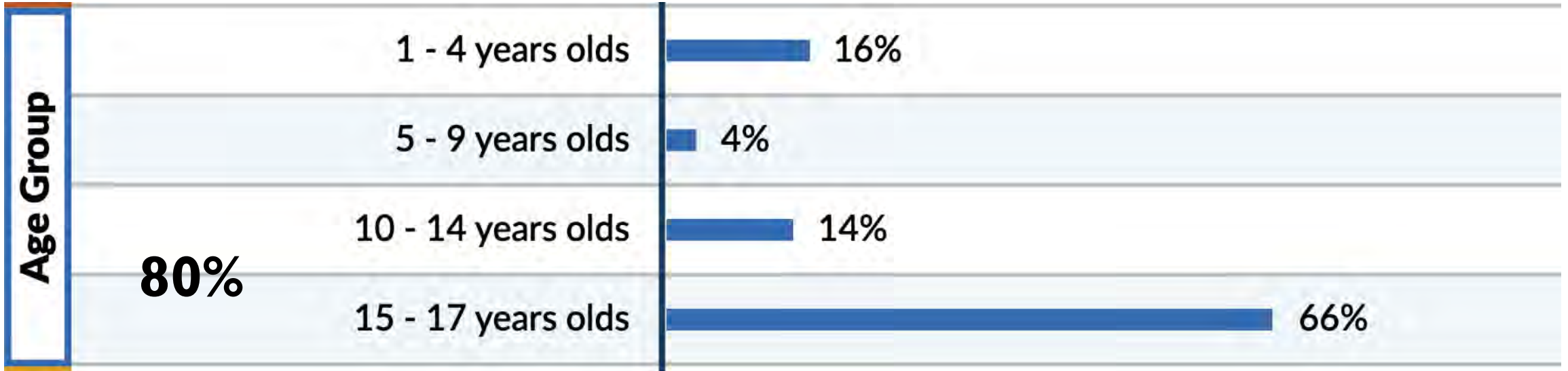
Where is the missing data likely to come from?

## SOME OF WHAT WE HAVE

Ages 1-17, From 2004-2020

- 44%, almost half, were opioid related
- 65%, well over half, were accidental
- 10% undetermined
- 3% contacted poison control





WHO?

WHERE?

63% in the child's home



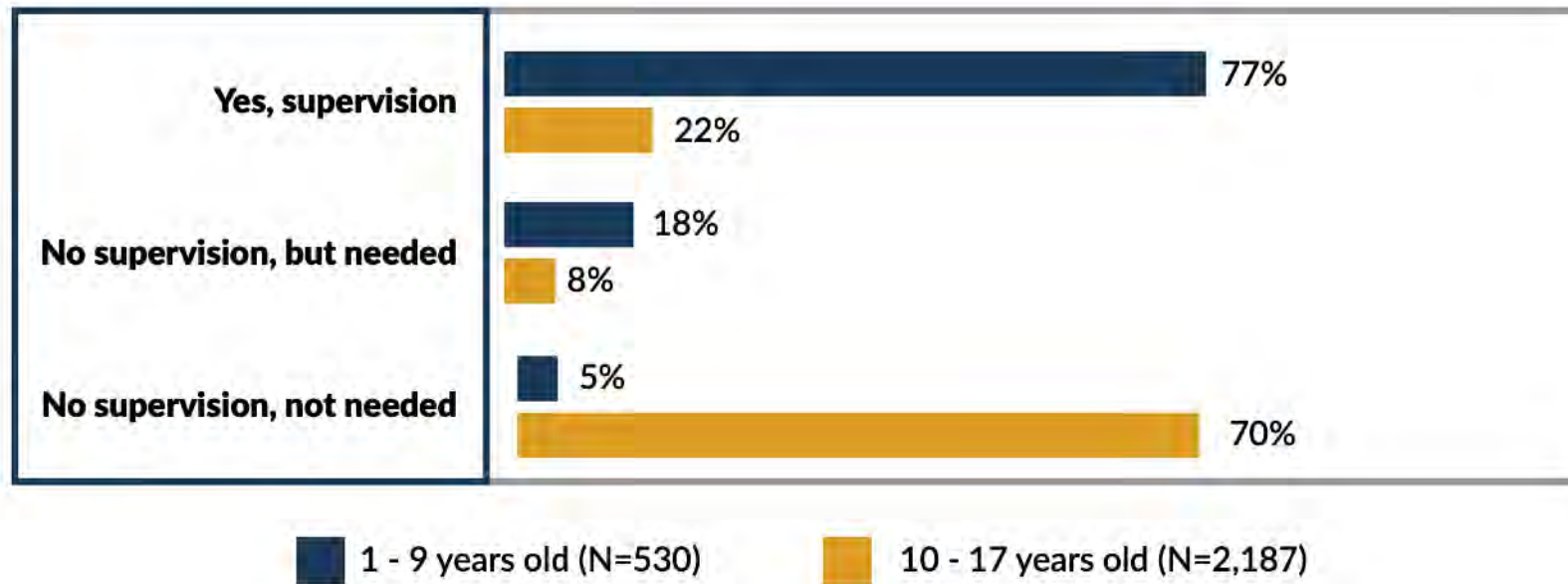
73% were accidental overdose



18% deliberate poisoning

## KNOWING THIS, WHAT ELSE?

### *Supervision At Time of Incident*





## 80% of poisoning deaths from 2004 - 2020

KNOWING  
THIS,  
WHAT  
NEXT?

### Among youth 10-17 years old...

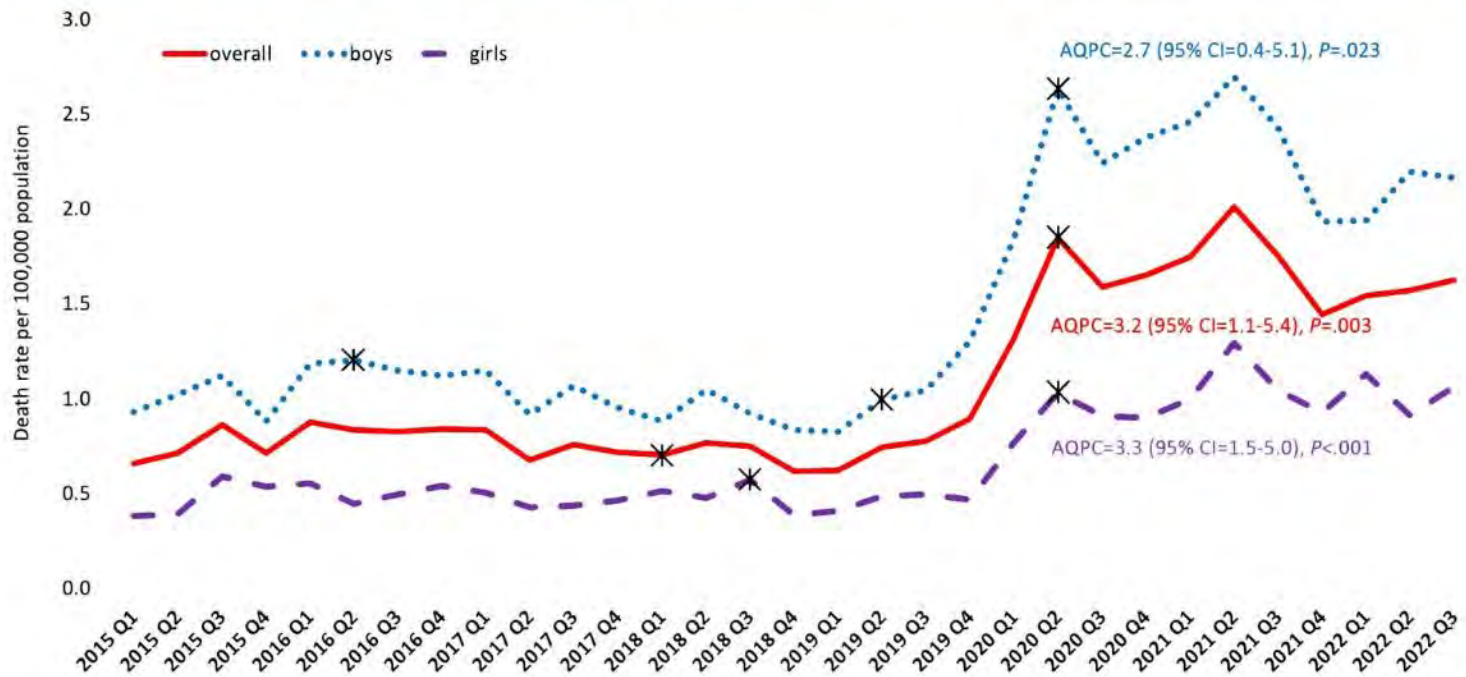
78% had a known history of substance use, most often with marijuana/THC (56%), prescription drugs (36%), and/or opiates (35%)

66% had received prior mental health services

64% had problems in school

43% were receiving mental health services at time of death

# Unintentional Drug Overdose Death Rates Among US Youth Aged 15-19



Data sources: National Vital Statistics System's multiple-cause-of-death 2019-2021 final and 2022-2023 provisional data and the U.S. census monthly data. \*: Joinpoints identified indicate significant changes in nonlinear trends using Bayesian Information Criterion. AQPC=average quarter percentage change during 2019 Q1-2023 Q1.

Substance Category*	Top Subtypes*
<b>63%</b> <b>prescription drugs</b>	<ul style="list-style-type: none"> <li>• 63% opioid pain medication</li> <li>• 22% antidepressants</li> <li>• 19% medication for substance use disorder</li> <li>• 10% benzodiazepines</li> </ul>
<b>24%</b> <b>illicit drugs</b>	<ul style="list-style-type: none"> <li>• 59% other illicit substance (e.g., other street drugs)</li> <li>• 17% fentanyl</li> <li>• 12% cocaine</li> <li>• 12% heroin</li> </ul>
<b>21%</b> <b>other substances</b>	<ul style="list-style-type: none"> <li>• 47% alcohol</li> <li>• 30% carbon monoxide,</li> <li>• 15% other substance (e.g., other cleaners and chemicals)</li> <li>• 11% other fume</li> </ul>
<b>12%</b> <b>over-the-counter drugs</b>	<ul style="list-style-type: none"> <li>• 40% pain medication</li> <li>• 35% antihistamines</li> <li>• 23% cough medicine</li> <li>• 12% other over-the-counter drug (e.g., sleep aids)</li> </ul>



## FOCUS FOR DSI

Acute vs delayed

Does the  
history/story match  
the scene? Does it  
make sense?

**AGE** of child is  
relevant to focus  
the future of the  
investigation

**H7. POISONING, OVERDOSE OR ACUTE INTOXICATION**

a. Type of substance involved, check all that apply and note source, storage, and route of administration of substance:

☐ U/K

<b>Source of Substance</b>	5 = Own prescription (Prescription only)	<b>Stored in locked cabinet?</b>	<b>How substance was <u>taken</u></b>
1 = Bought from dealer or stranger (Prescription or illicit only)	6 = Bought from store/pharmacy (OTC or other substances only)	Yes	1 = In utero      5 = Through skin
2 = Bought from friend or relative	7 = Other	No	2 = Orally      9 = U/K
3 = From friend or relative for free	9 = U/K	U/K	3 = Nasally
4 = Took from friend or relative without asking			4 = Intravenously

<u>Prescription drug</u>	Source	Stored	Taken	<u>Over-the-counter drug</u>	Source	Stored	Taken
<input type="checkbox"/> Antidepressant/antianxiety		Y N U		<input type="checkbox"/> Antihistamine		Y N U	
<input type="checkbox"/> Anticonvulsant		Y N U		<input type="checkbox"/> Cold medicine		Y N U	
<input type="checkbox"/> Antipsychotic		Y N U		<input type="checkbox"/> Pain medication		Y N U	
<input type="checkbox"/> Benzodiazepines		Y N U		<input type="checkbox"/> Other OTC, specify:		Y N U	
<input type="checkbox"/> Medications for substance use disorder (e.g. Methadone, buprenorphine, naltrexone)		Y N U					
<input type="checkbox"/> Non-opioid pain medication		Y N U					
<input type="checkbox"/> Opioid pain medication (including fentanyl)		Y N U					
<input type="checkbox"/> Stimulants		Y N U					
<input type="checkbox"/> Other Rx, specify:		Y N U					
Was it child's prescription? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K							

<u>Illicit drugs</u>	Source	Stored	Taken	<u>Other substances</u>	Source	Stored	Taken
<input type="checkbox"/> Cocaine		Y N U		<input type="checkbox"/> Alcohol		Y N U	
<input type="checkbox"/> Heroin		Y N U		<input type="checkbox"/> Battery		Y N U	
<input type="checkbox"/> Illicitly manufactured fentanyl/fentanyl analogs		Y N U		<input type="checkbox"/> Carbon monoxide		Y N U	
<input type="checkbox"/> Marijuana/THC		Y N U		<input type="checkbox"/> Other fume/gas/vapor		Y N U	
<input type="checkbox"/> Methamphetamine		Y N U		<input type="checkbox"/> Other, specify:		Y N U	
<input type="checkbox"/> Other, specify:		Y N U					

<b>b. Was the incident the result of?</b>	<b>c. Did the child have a prescription for a controlled substance within the previous 24 months?</b>	<b>d. Did child have a non-fatal overdose within the previous 12 months?</b>	<b>e. Was Poison Control contacted?</b>	<b>f. For CO poisoning, was a CO alarm present?</b>
<input type="radio"/> Accidental overdose/acute intoxication <input type="radio"/> Medical treatment mishap <input type="radio"/> Deliberate poisoning <input type="radio"/> Other, specify: <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K

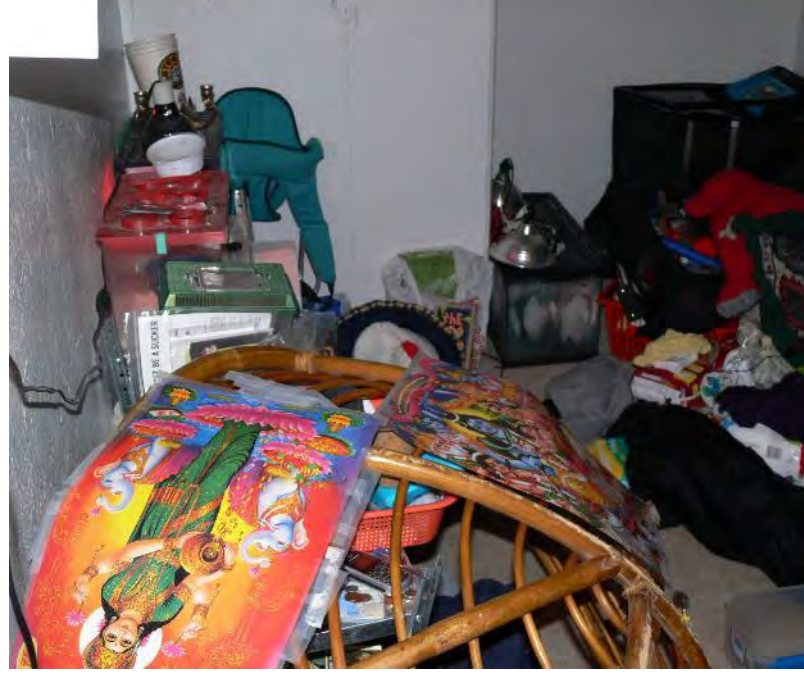
**A thorough DSI includes, but is not limited to, the following:**

- Information about events leading up to and the circumstances of the death (e.g., how the decedent accessed the substance(s))
- Comprehensive documentation of the death scene (e.g., medications including pill counts and over-the-counter drugs present and detailed notes and photographs about how and where the body was found)
- The decedent's past medical history, including prescription history
- Any diagnosis, underlying medical histories, and/or prescription histories of household members
- Information about the child's mental health history (e.g., treatment and/or medications)
- Any history of substance use by the child, family, or anyone else staying in the home
- Comprehensive social history (e.g., life stressors such as child maltreatment, school issues, stress due to gender identity or sexual orientation, social/family support, and relationships)
- Witness interviews (e.g., family, friends, school personnel)
- Review of the child's social media



## WHAT ELSE DO YOU WANT TO KNOW

- 911 call – child not breathing.
- Child transported to hospital, pronounced deceased at hospital.
- Mother said unsolicited, “Am I in trouble? It’s not like I poisoned her.”
- Mother agreed to be interviewed for a while by investigator but then stopped answering questions and expressed concerns that police would “trash her house” if they searched it.











## WHAT ELSE DO YOU WANT TO KNOW?

- 911 call – mother saying her children are dead.
- 4-year-old girl and 5-year-old boy in bed in their individual bedrooms.
- Boy on his back in bed, aspirate (bubble/foam) apparent in nose/mouth area.
- Girl prone and face turned to side no aspirate apparent but no staining on bedding either













# National Center Guidance Document

Reviewing Deaths Due to Poisoning, Overdose, or Acute Intoxication

# New Guidance Document

## Will Assist CDR Teams In:

- Understanding the burden of poisoning, overdose, or acute intoxication fatalities.
- Identifying key components of a poisoning death scene investigation (DSI).
- Improving reviews of poisoning deaths.
- Collaborating with Overdose Fatality Review (OFR) programs.
- Improving data collection in the National Fatality Review-Case Reporting System (NFR-CRS).
- Highlighting the risk and protective factors present.
- Promoting well-being among CDR teams.



## Reviewing Deaths Due to Poisoning, Overdose, or Acute Intoxication

*National Center Guidance Report*



# QUESTIONS

What Additional Information Would Be Helpful?



## USE THE QUESTION-AND-ANSWER BOX

The box is located at the bottom of the screen.



## UNANSWERED QUESTIONS

All unanswered questions will be answered and posted on the National Center's website (URL: [www.ncfrp.org](http://www.ncfrp.org)).

# Upcoming Webinars

## From the National Center

### ***Equity in Fatality Review: Child and Youth Suicide***

Tuesday, March 12, 2024  
1:00-2:00 PM ET

Join us to learn how certain groups of children and youth are placed at risk for dying by suicide, including young people of color, LGBTQ+ youth, young people with disabilities, and those living in rural communities.

[Register here.](#)

### ***Improving Consistency of Child Maltreatment Identification for Sleep-Related SUID***

Thursday, March 21, 2024  
3:00-4:00 PM ET

This webinar will discuss guidelines that were developed to help CDR teams more consistently and equitably classify child maltreatment for sleep-related SUIDs.

[Register Here.](#)

### ***Gender Inclusion in Fatality Review***

Thursday, April 11, 2024  
2:00-3:00 PM ET

This webinar will discuss why gender inclusion is important in the context of fatality review and provide action steps for implementing gender inclusive practices during your fatality review process.

[Register here.](#)

# 2024 National Center Office Hours

Connect, ask questions, & discuss!

Visit [ncfrp.org/center-resources/office-hours/](https://ncfrp.org/center-resources/office-hours/) to register and view past sessions!

Date	Topic
2/20/2024	Orientation to the National Center and 2024 Office Hours
3/19/2024	Facilitating Difficult Conversations During Reviews
4/16/2024	Writing the Narrative: Tips and Best Practices
5/21/2024	Onboarding New Coordinators and Team Members
6/18/2024	Version 6.1: Data Cleaning and Quality
7/16/2024	Tribal Participation in Fatality Review
8/20/2024	Working with Small Numbers
9/17/2024	Involving Family and Those with Lived Experience in Fatality Review
10/15/2024	Accessing Records
11/19/2024	Best Practices in Self Care
12/17/2024	Sharing Your Data: Writing Abstracts and Proposals

Upcoming topics may be subject to change.





# EVALUATION

<https://www.surveymonkey.com/r/32BRMMX>



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