

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF HEALTH PROMOTION/DISEASE CONTROL**

**CHAPTER 1200-11-6
RULES AND REGULATIONS GOVERNING THE
CRITERIA AND STANDARDS FOR CERTIFICATION
AS A TENNESSEE REGIONAL POISON CONTROL CENTER**

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1200-11-6-.01 INTRODUCTION.

Public Chapter No. 393 of the Acts of 1991 authorized the Department of Health to establish and maintain a system of poison control centers in Tennessee. These rules and regulations establish the criteria and standards by which the Commissioner of Health can designate a regional poison control center in Tennessee. Designation as a regional poison control center in Tennessee should assure that the facility can provide appropriate services to the general public and health professionals which would include answering requests by telephone for poison information and making recommendations for appropriate emergency management and treatment referrals of poisoning exposures on a 24-hour a day basis. Additionally, the center would provide professional education and public awareness programs on poison prevention and center utilization, maintain a data collection system and operate within written quality control guidelines.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-141-101, 68-141-102 and 68-141-104. **Administrative History:** Original rule filed June 22, 1994; effective September 5, 1994.

1200-11-6-.02 DEFINITIONS.

- (1) Poison Control Center - an entity which provides information on poisons and advice for poisoning emergencies to the general public, health care professionals, and worksites; on a 24-hour basis and promotes poison prevention throughout the community.
- (2) Region - a group of contiguous counties within the state.
- (3) Exposure Case - an intentional or unintentional human poisoning in which the center is called for advice on handling the incident, provides appropriate information and monitors the patient's progress as appropriate.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-141-101, 68-141-102 and 68-141-104. **Administrative History:** Original rule filed June 22, 1994; effective September 5, 1994.

1200-11-6-.03 DETERMINATION OF REGIONAL NETWORK AND CENTERS.

- (1) Geographical, characteristics. Due to the geographical uniqueness of the state, the Commissioner has designated four discrete regions in Tennessee that will compose the Tennessee Poison Control Network, as follows:
 - (a) West Tennessee Region - all counties west of the Tennessee River, including Hardin County

(Rule 1200-11-6-.03, continued)

- (b) Middle Tennessee Region -
 - 1. At its western border, all counties which lie east of the Tennessee River, excluding Hardin County
 - 2. At its eastern border, Sumner, Trousdale, Wilson, Rutherford, Coffee, Moore and Lincoln
 - 3. All counties that lie between
 - (c) Central Tennessee Region -
 - 1. At its western border, Macon, Smith, DeKalb, Cannon, Warren, Grundy and Franklin
 - 2. At its eastern border, Pickett, Fentress, Cumberland, Rhea, Meigs, McMinn and Polk
 - 3. All counties that lie between
 - (d) East Tennessee Region - all counties east of the Central Tennessee Region
- (2) To assure efficiency and quality of services, a poison control center will be eligible for designation if it handles a minimum of 10,000 exposure cases per year, including out-of-state calls.
 - (3) The Commissioner may designate one poison control center in each region to implement the poison control program and may designate a center to serve more than one region. However, the Commissioner has the discretion to designate a poison control center in a subregion should it be determined that no center is willing to provide poison control services in an entire region. In no case shall two centers serve the same geographic area.
 - (4) Designation as a regional poison control center will operate on a 48-month cycle as follows:
 - (a) Pursuant to an application process, the Department will designate a regional poison control center on a provisional basis for an initial period of 12 months.
 - (b) At the end of the 12-month provisional period, the Commissioner may:
 - 1. Upgrade the provisional status by designating the facility as the official poison control center in the region for an additional period of 36 months. Designation as the official center would be automatic if the facility operated in full compliance with the criteria and standards at the end of the provisional periods;
 - 2. The public welfare requiring it, extend the provisional status of the facility for a discretionary period of time to allow the center time to cure any deficiencies; or
 - 3. Identify, through another application process, a different facility for designation of a 12-month provisional period if the initial designee did not meet all criteria and standards or chose not to seek recognition as the official poison control center in the region. In this case, the 48-month cycle would be reinitiated.
 - (c) At the end of a completed 48-month cycle, the Department will send written notification to all potential facilities that the designation of the center in a region(s) has expired. If no other parties apply for designation as a regional poison control

(Rule 1200-11-6-.03, continued)

center, the Department will establish a streamlined renewal process leading to official designation of the original facility for another 48-month period, upon a determination by the Department that the original facility satisfactorily met the requirements of these program rules.

- (5) If possible, a center should make a reasonable attempt to provide to the Commissioner a 12-month notification of intent to relinquish its designation as a poison control center.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-141-101, 68-141-102 and 68-141-104. **Administrative History:** Original rule filed June 22, 1994, effective September 5, 1994. Amendment filed April 29, 1995; effective August 28, 1995.

1200-11-6-.04 REGIONAL POISON INFORMATION SERVICE.

- (1) The regional poison control center shall provide information 24 hours per day on a 365 days per year basis to both health professionals and the public. This criterion will be considered to be met if the center has at least one specialist in poison information in the center at all times, sufficient additional staff to promptly handle the center's incoming calls (at least 95% of calls get through to the center and are answered within five rings) and has the availability of the medical director or qualified designee, on-call by telephone, at all times.
- (2) The regional poison control center shall be readily accessible by telephone from all areas within the region. The criterion will be considered to be met if the center has a direct incoming telephone system that is extensively publicized throughout the region to both health professionals and the public. The center must demonstrate that it provides easy access for the general public and health professionals who reside anywhere in the region.
- (3) The regional poison control center shall maintain comprehensive poison information resources. This criterion will be considered to be met if the center maintains:
 - (a) One or more up-to-date comprehensive toxicology information resources, immediately available at the central telephone answering site. (Preferably, the center should have access to a generally-accepted, computerized data base(s));
 - (b) Current comprehensive texts covering both general and specific aspects of acute and chronic poisoning management immediately available at the central telephone answering site;
 - (c) Primary information resources and ready availability of a medical library; and,
 - (d) A list of poison control center specialty consultants who are available on an on-call basis [(See 1200-116-.04(5)(e) below)].
- (4) The regional poison control center shall maintain written operational guidelines which provide a consistent approach to evaluation and management of toxic exposures. This criterion will be considered to be met if the center provides written operational guidelines which include, but are not limited to, the follow-up of all potentially toxic exposures and appropriate criteria for patient disposition. These guidelines must be available in the center at all times and must be approved in writing by the medical director of the program. The poison control center shall maintain a current and easily accessible list of phone numbers of each of the hospitals and pre-hospital transportation systems in the region.
- (5) Staff Qualifications and Responsibilities for the Regional Poison Control Center:

(Rule 1200-11-6-.04, continued)

- (a) Medical Director. The medical director should be board certified in internal medicine, pediatrics, family medicine or emergency medicine or, alternatively, be board eligible or board prepared in one of these medical specialties and actively working toward certification. The medical director must be a properly licensed physician in the state of Tennessee and be able to demonstrate ongoing interest and expertise in toxicology as evidenced by publications, research and meeting attendance. The medical director must have an active medical staff appointment at a general or pediatric hospital. The medical director should devote at least an average of 25%, or a minimum of 10 hours per week, of his/her professional activities to toxicology. In addition to clinical, academic teaching and research activities, the medical director must formally commit at least an average of 8 hours per week to poison control center operational activities, involving staff training, development of poison case management guidelines and quality assurance activities.
- (b) Managing director. The managing director of a regional poison control center must be a registered nurse, pharmacist, physician or hold a degree in a health science discipline. This individual may also be the medical director. The managing director must be a properly licensed health professional in the state of Tennessee who must be able to demonstrate an ongoing commitment to poison control center related activities, including the areas of clinical toxicology, education, research and administration. The managing director should devote an average of 50%, or a minimum of 20 hours per week, to poison control center operational activities.
- (c) Specialists in poison information. Specialists in poison information must be physicians, physician assistants, registered nurses or pharmacists who are properly licensed in the state of Tennessee. Specialists in poison information must be qualified to understand and interpret standard poison information resources and to transmit that information in a logical, concise, and understandable way to both health professionals and the public. All specialists in poison information must complete a training program approved by the medical director that meets a minimum level of information and knowledge in the areas of
 - 1. Telephone strategy-clinical history, physical assessment, and toxicology assessment skills and information;
 - 2. Information resource evaluation and utilization;
 - 3. First aid for poison emergencies;
 - 4. Triage and medical referral procedures;
 - 5. Psycho-social assessment and verbal communication skill development;
 - 6. Inter-agency referral and consultation procedures;
 - 7. Case documentation;
 - 8. Follow-up and ongoing assessment; and,
 - 9. Product and substance toxicology information and treatment guidelines as determined by the medical director

(Rule 1200-11-6-.04, continued)

Specialists in poison information must spend a minimum annual average of 8 hours per week in poison control center related activities, including providing telephone consultation, teaching, public education, or in poison center operations. The primary responsibility of all specialists in poison information, whether full-time or part-time, must be the provision of poison prevention or intervention information. At the approval and discretion of the medical director, a poison information specialist may be assigned other responsibilities but not to such a degree or extent that would interfere or deny appropriate service for poison calls.

- (d) Other poison information providers. Other poison information providers must be qualified to understand and interpret standard poison information resources and to transmit that information understandably to both health professionals and the public under the direct supervision of a specialist in poison information or the medical director. This requirement will be considered to be met if the person has an appropriate health-oriented background and has specific training or experience in poison information sciences which include, at a minimum, the following areas of expertise:
1. Telephone strategy-clinical history and physical assessment and toxicology assessment skills and information;
 2. Information resource retrieval and evaluation;
 3. First aid for non-life threatening poison emergencies;
 4. Triage procedures;
 5. Verbal communication skill development;
 6. Initial case documentation;
 7. Case follow-up and documentation;
 8. Other topics as deemed appropriate by the medical director.
- (e) Poison control center specialty consultants. Poison control center specialty consultants should be qualified by training or experience to provide sophisticated toxicology or patient care information in their area(s) of expertise. These consultants should be available on-call, with an expressed commitment to provide consultation services on an as needed basis. The list of consultants, which should reflect the type of poisonings encountered in the region, should consist of a minimum core group composed of the following specialties:
1. Emergency Medicine, pediatric and adult;
 2. Mycology;
 3. Botany;
 4. Veterinary Medicine;
 5. Herpetology;

(Rule 1200-11-6-.04, continued)

6. Forensic Medicine;
 7. Medical Toxicology;
 8. Hazardous Materials;
 9. Geriatrics;
 10. General Medicine, pediatric and adult; and
 11. Clinical Pharmacy
- (f) Administrative staff. Poison control center administrative personnel should be qualified by training or experience to supervise finances, operations, personnel, data analysis, and other administrative functions of the poison center.
- (g) Education Staff.
1. Professional education. Professional education personnel should be available to provide quality professional education lectures or materials to health professionals. This role will be supervised by the medical director.
 2. Public education. Public education personnel should be available to provide public-oriented poison center awareness, poison prevention and first aid for poisoning presentations. They must be capable of providing presentations to public audiences, and have sufficient understanding of the material to accurately answer public questions. They may be full-time, part-time or volunteer staff.
- (h) The regional poison control center should assure that all specialists and other poison information providers participate in and complete at least 8 hours of continuing education per year as approved by the medical director which is directly relevant to the activities of the poison control center.
- (6) The regional poison control center shall have an ongoing quality assurance program. This criterion will be considered to be met if the center has regularly scheduled staff inservices (at least quarterly), mortality chart review, call audits, peer review for documentation and appropriateness of care, audits for outcome and process indicators, demographics including call penetrance, and process review including call volume per specialist, calls placed on hold or interrupted and calls not answered within five rings.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-141-101, 68-141-102 and 68-141-104. **Administrative History:** Original rule filed June 22, 1994; effective September 5, 1994.

1200-11-6-.05 REGIONAL DATA COLLECTION SYSTEM.

- (1) The regional poison control center shall keep records of all exposure cases handled by the center in a form that is acceptable as a medical record. This criterion will be considered to be met if the center completes a record that contains data elements and sufficient narrative to allow for peer review and medical and legal audit, and such records are kept on file in compliance with standards for hospital record keeping in the state.

(Rule 1200-11-6-.05, continued)

- (2) The regional poison control center shall tabulate its experience for regional program evaluation on at least an annual basis. This criterion will be considered to be met if the center completes an annual report summarizing its own experience which includes, at a minimum, the following data elements:

<u>Frequency Distributions</u>	<u>Cross Tabulations</u>
Number of exposures	
Number of Information requests	
Age -----	Age vs. Sex
Sex -----	Age vs. reason for exposure
Site of exposure -----	Age vs. medical outcome
Reason for exposure -----	Medical outcome vs. reason
Initial symptom assessment -----	Substance group vs. age group
Site of Management -----	Substance group vs. age reason
Medical outcome -----	Substance group vs. outcome
Categorical list of substances	
Summary of fatalities	
County of origin	
Site of caller	
Payor Source	

- (3) An annual report, or substantially equivalent document, that summarizes the center's calendar year activities and includes, at a minimum, the data elements listed above as well as a synopsis of community and professional education and prevention programs provided shall be submitted to the Commissioner no later than April 15th of the following year.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-141-101, 68-141-102 and 68-141-104. **Administrative History:** Original rule filed June 22, 1994; effective September 5, 1994.

1200-11-6.06 PROFESSIONAL AND PUBLIC EDUCATION PROGRAMS.

- (1) The regional poison control center shall provide information on the management of poisoning to the health professionals throughout the region who care for poisoned patients. This criterion will be considered to be met if the center offers ongoing information (e.g., inservices, newsletters, presentations) about poison control center services and availability and updates on new and important advances in poisoning management to the appropriate health professionals throughout the region as determined by the medical director.

(Rule 1200-11-6-.06, continued)

- (2) The regional poison control center shall provide a public education program, offered to all parts of the region, aimed at educating both children and adults about poisoning dangers and other necessary concepts related to poison prevention. This criterion will be considered to be met if the center offers ongoing information, through lectures, public media (newspapers, radio, television), printed educational materials, or through other instructional modalities, describing the following:
 - (a) Services and availability of the poison control center.
 - (b) Poison prevention measures.
 - (c) First aid measures for poisoning management.

Authority: T.C.A. §§4-5-202, 68-1-103, 68-141-101, 68-141-102 and 68-141-104. **Administrative History:** Original rule filed June 22, 1994; effective September 5, 1994.