

California Code of Regulations
Title 22. Social Security
Division 9. Prehospital Emergency Medical Services
Chapter 9. Poison Control Center Regulations

ARTICLE 1. DEFINITIONS

§ 100321. Immediately Available.

“Immediately available” means unencumbered by conflicting duties or responsibilities and being within the specified area of the poison control center.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Section 1798.180, Health and Safety Code.

§ 100322. On-Call.

“On-call” means agreeing to be available by telephone or beeper to respond to the poison control center in order to provide a defined service.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Section 1798.180, Health and Safety Code.

§ 100323. Poison Control Center.

“Poison control center” or “PCC” or “regional poison control center” or “regional poison center” means a facility designated by the EMS Authority that provides information and advice to the public and health professionals regarding the management of individuals who have or may have ingested or otherwise been exposed to poisonous or possibly toxic substances. This information and advice shall be given by the medical director, program director, specialist in poison information, poison information provider, or a poison center specialty consultant as defined in Section 100330.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Sections 1797.97, 1798.180 and 1799.105, Health and Safety Code.

§ 100324. Poison Control Center Service Area.

“Poison control center service area” means the geographical service area of a regional poison control center as approved by the EMS Authority through designation.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Section 1798.180, Health and Safety Code.

§ 100325. Product Information Resources.

“Product information resources” are resources that provide information regarding ingredients contained in commercial products.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Section 1798.180, Health and Safety Code.

§ 100326. Provisional Certificate.

A “provisional certificate” shall be for two (2) years and may be given to a facility that does not meet the provisions of Section 100328(c) but that is otherwise in compliance with the requirements in this chapter as determined by an examination of the facility's application and/or by the site review. A provisional certificate gives the facility all the rights and privileges of a designated poison control center with the exception of eligibility for the California Regional Poison Control Centers' Funding Augmentation.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Sections 1797.97 and 1798.180, Health and Safety Code.

§ 100327. Temporary Designation.

“Temporary designation” shall be for one (1) year and may be given to a facility that meets the provisions of Section 100328(c), but that is not in compliance with the other requirements in this chapter as determined by an examination of the facility's application and/or by the site review. Temporary designation gives the facility all the rights and privileges of a designated poison control center.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Sections 1797.97 and 1798.180, Health and Safety Code.

ARTICLE 2. GENERAL PROVISIONS

§ 100328. Poison Control Center Criteria.

The EMS Authority shall utilize the following criteria in designating facilities as poison control centers:

(a) No more than one (1) poison control center shall be designated for each two (2) million people.

(1) For those poison control center service areas with populations greater than two (2) million, additional facilities may be designated on the basis of a change in local need within that area as determined by the EMS Authority, including population, geographic distribution, and other factors affecting the efficiency and effectiveness of providing poison information services.

(b) The poison control center service area of a designated poison control center shall be distinct from that covered by any other designated poison control center.

(1) If an additional facility is designated pursuant to subsection (a)(1) of this Section, the poison control center service area may be redefined by the EMS Authority.

(c) The applicant has provided poison control information to the public and health professionals in its proposed service area for at least a two (2) year period.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Sections 1797.97 and 1798.180, Health and Safety Code.

§ 100329. Poison Control Center Responsibilities.

(a) In order to be designated as a regional poison control center a facility shall:

(1) Be immediately available by a direct incoming telephone system to the public and health professionals within the poison control center service area;

(2) have staff as defined in Section 100330(c) immediately available twenty-four (24) hours a day to answer poison exposure calls;

(3) have, within the poison control center area, poison information resources which include at least the following:

(A) One (1) or more current product information resources;

(B) current texts covering both general and specific aspects of acute and chronic poisoning management available at the central telephone answering site; and

(C) a list of poison center specialty consultants available on an on-call basis through a written agreement.

(4) have access to journal articles and published studies regarding medical toxicology either in the poison control center or through access to a medical library.

(5) have written treatment and triage protocols that are developed and updated by the poison control center program director and approved by the medical director. Each written protocol shall include the following elements:

(A) Description and types of exposures which may need no medical intervention;

(B) description and types of exposures which may be managed at home by simple therapeutic procedures in the professional opinion of the medical director, and a treatment and triage protocol for such management;

(C) description and types of exposures which may require referral for medical evaluation and/or treatment;

(D) a protocol for initial patient management;

(E) a protocol for determining the need for patient transport to a facility in accordance with the policies and procedures of the local EMS agency; and

(F) a description of how the poison control center correlates with local EMS policies and procedures, including 9-1-1.

(6) develop and maintain a poisoning data collection and reporting system as defined in Section 100332 and as required by Title 17, Sections 2500 through 2653.

(7) develop and provide a poison oriented health education program for the public and health professionals to include at least physicians, nurses, prehospital emergency medical services personnel; and

(8) develop and maintain a quality assurance program as defined in Section 100331.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Section 1797.97 and 1798.180, Health and Safety Code.

§ 100330. Poison Control Center Staffing.

(a) Each poison control center shall have a medical director who shall be a physician and surgeon currently licensed in the State of California, who has a minimum of two (2) years' postgraduate training in clinical toxicology and/or a minimum of three (3) years' clinical experience in the last five (5) years in toxicology or poison information sciences, and who devotes a minimum of ten (10) percent of his or her practice to treating poisoned patients. The medical director shall be on-call to the staff of the poison control center and shall participate in professional medical education programs pursuant to subsection (b)(4) of this Section. Duties of the medical director shall include, but not be limited to:

(1) Assisting the specialists in poison information upon request or in accordance with treatment and triage protocols;

(2) approving treatment and triage protocols as specified in Section 100329(a)(4) which are written and updated by the program director pursuant to subsection (b)(3) of this Section;

(3) reviewing the quality assurance program as specified in Section 100331;

(4) consulting with physicians on the treatment of poisoned patients as appropriate; and

(5) reviewing the poison center specialty consultant(s)' qualifications and approving or disapproving the consultation services applicant(s).

(b) Each poison control center shall have a program director who shall be a pharmacist, physician or registered nurse, licensed in the State of California, who has a minimum of two (2) years' postgraduate training in clinical toxicology and/or a minimum of three (3) years' clinical experience in the last five (5) years in toxicology and/or poison information sciences. The program director must have two (2) years' experience in the administration of a health related program. Duties of the program director shall be coordinated with the medical director and shall include, but not be limited to:

(1) Supervising the poison control center's organization, staff, funding and quality assurance;

(2) determining and ensuring the availability of staff identified in subsections (a), (c), (d) and (e) of this Section;

(3) developing and updating treatment and triage protocols as specified in Section 100329(a)(4) to be approved by the medical director pursuant to subsection (a)(2) of this Section;

(4) developing and/or approving poison oriented health education programs for the public and health professionals pursuant to Section 100329(a)(6). These education programs shall be coordinated with the local EMS agency(s);

(5) developing and maintaining a data collection system as specified in Section 100332; and

(6) assisting the specialists in poison information upon request or in accordance with treatment and triage protocols.

(c) Each poison control center shall have a specialist(s) in poison information who shall be a pharmacist, physician, or registered nurse currently licensed in the State of California, who has training or experience in toxicology and poison information sciences as defined by the medical and program director of the poison control center. Duties of the specialist in poison information shall include, but not be limited to:

(1) Answering incoming telephone calls, evaluating the poison exposure history, providing management information and determining the necessity for additional medical consultation;

(2) updating poison information files; and

(3) teaching poison oriented health education programs.

(d) Each poison control center may have a poison information provider(s) trained in reading, understanding and transmitting poison information. The poison information provider will be under the direct on-site supervision of a specialist in poison information.

(e) Each poison control center shall have a poison center specialty consultant(s) who is qualified by training and/or experience to provide specialized toxicology information related to the poisonings encountered in the area serviced by the poison control center. The poison center specialty consultant shall have a written agreement with the poison control center that is updated yearly to provide consultation services on an on-call basis.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Sections 1797.97 and 1798.180, Health and Safety Code.

§ 100331. Quality Assurance Program.

(a) A poison control center shall have a quality assurance program which shall include at a minimum:

- (1) Case review of all deaths in which poison control center consultation was provided;
- (2) case review and critique of a sample of cases;
- (3) screenings of poisoning and exposure cases by type of poison; and
- (4) either direct monitoring of a sample of calls or tape recordings of calls.

(b) The medical director shall conduct an audit and case review of poisoning cases at least quarterly.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Sections 1797.97 and 1798.180, Health and Safety Code.

§ 100332. Data Collection.

(a) A poison control center shall implement a data management system capable of collecting poison information data, which shall be available from poison control center case records.

(b) The data shall be submitted annually to the EMS Authority and shall include at least the number of incoming calls for each county in and outside of the poison control center service area from the public and health professionals.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Section 1798.180, Health and Safety Code.

ARTICLE 3. DESIGNATION PROCESS

§ 100333. Designation Process.

(a) A facility that wishes to be designated as a poison control center shall submit a written application to the EMS Authority along with supporting documentation that explains how it meets the provisions of these regulations.

(b) The application for approval shall include at least the following:

(1) Organization chart;

(2) names, qualifications, duty statements, and hours available of:

(A) Medical director;

(B) program director or coordinator;

(C) specialist(s) in poison information;

(D) poison information provider(s); and

(E) poison center specialty consultants.

(3) written verification of contracts with poison center specialty consultants;

(4) information explaining how the responsibilities of Section 100329(a)(1) through 100329(a)(7) are being met;

(5) description of proposed service area and how it will be integrated with:

(A) the affected local EMS agencies' service area and system; and

(B) other poison control centers.

(6) intent to execute a written agreement with the EMS Authority committing the applicant to meet the requirements of this chapter.

(c) The EMS Authority shall notify the local EMS Agencies in the proposed poison control center service area within ten (10) working days of receiving the application that the facility is applying for designation.

(d) The EMS Authority shall notify the facility submitting its application for poison control center designation within thirty (30) working days of receiving the application that:

(1) The application has been received;

(2) the application contains or does not contain the information required by this Section; and

(3) what information is missing, if any.

(e) The EMS Authority shall conduct a site visit to determine that the facility's resources and capabilities described in its application are in compliance with these regulations.

(f) The EMS Authority shall:

(1) Notify the facility submitting an application for regional poison control center designation, and the EMS agencies in the proposed poison control center service area, that the facility either has been "designated," received "temporary designation," or received a "provisional certificate," or has been "disapproved for designation" within 120 days of receipt of a complete application; and

(2) provide the reasons for disapproval of an application if disapproved for designation.

(g) A facility holding a temporary designation or a provisional certificate, must achieve full designation status on or before the conclusion of the temporary designation or provisional certificate, or cease operation. No further action of the EMS Authority is required.

(h) If the EMS Authority disapproves an application, the facility submitting the application shall have three (3) months from the date notification of the disapproval is received to submit a written appeal which states the reasons for objecting to the EMS Authority's decision.

(1) The EMS Authority will present the appeal package to the Commission on Emergency Medical Services. The appeal package shall include the following:

(A) The EMS Authority's written disapproval;

(B) The facility's written appeal;

(C) The facility's application and any documents the EMS Authority used to make the decision for disapproval.

(2) The Commission on EMS shall consider the appeal at their next regularly scheduled Commission meeting, at which time the facility shall have the opportunity to address the Commission. The Commission on EMS shall make a determination within one (1) year of receipt of the appeal.

(i) Poison control center designation shall be for four (4) years at which time a new application for continued poison control center designation shall be submitted.

(j) If a poison control center does not wish to continue being designated, it shall terminate its designation by notifying the EMS Authority at least sixty (60) days before

the date of termination stating the reasons for its termination. The EMS Authority shall inform the local EMS agency(s) in the poison control center service area.

(k) The EMS Authority may conduct periodic evaluations of approved poison control centers. This may include a yearly site visit.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Sections 1797.97 and 1798.180, Health and Safety Code.

§ 100334. Revocation of Designation.

(a) If the EMS Authority determines that a designated poison control center has not implemented a program consistent with its designation requirements, its designation as a poison control center may be withdrawn.

(b) When the EMS Authority intends to withdraw a poison control center's designation, the Director shall:

(1) Notify the poison control center of the proposed action;

(2) concurrently serve the poison control center with a description of the deficiencies; and

(3) advise the poison control center of the right to a hearing.

(c) The EMS Authority may temporarily terminate designation prior to any hearing when in the opinion of the Director, the action is necessary to protect the public's health or safety. The Director shall:

(1) Notify the poison control center of the temporary suspension and the effective date thereof; and

(2) serve the poison control center with a description of the deficiencies.

(d) When a poison control center receives written notice or service of the EMS Authority's intent to withdraw the poison control center's designation, the poison control center shall have seven (7) working days from the date of receipt of the written notice or service to respond in writing to the EMS Authority's description of deficiencies. Upon receipt of a notice of defense to the allegation by the poison control center, the EMS Authority shall, within fifteen (15) days, set the matter for hearing. The hearing shall be held as soon as possible but not later than thirty (30) days after receipt of the notice.

(e) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination on the merits.

(f) The temporary suspension shall be deemed vacated if the Director fails to make a final determination on the merits within thirty (30) days after the original hearing has been completed.

Note: Authority cited: Sections 1797.1, 1797.107 and 1798.180, Health and Safety Code. Reference: Sections 1797.97 and 1798.180, Health and Safety Code.