Child Accident Prevention Foundation of Australia
Western Australia

WA Consumer Product Advocacy Network:

Poison Injuries Research Report



Government of **Western Australia**
Department of **Health**

This report was produced by Kidsafe Western Australia in collaboration with members of the WA Consumer Product Advocacy Network.

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Terminology

Table 1: Report Terminology

Term	Meaning
Perth Children's Hospital (PCH)	PCH is a paediatric hospital in Western Australia and is the referral centre for paediatric illness and injury within the state.
Category 'other'	In each of the PCH ED injury surveillance fields there is often an 'other' category. This is used when presentations are missing information or do not fit in the categories outlined.
Emergency Department (ED) presentations	Children between zero and <16 years old that present to the triage desk at PCH ED.
Injury factor	This can be a product or a structure that contributed to the cause of the injury.
Poisonous products	Products/items containing chemicals, including: • Air fresheners • Aromatherapy products – diffusers, essential oils and massage oils • Automotive and maintenance products – brake fluid, coolant, engine oil, kerosene, diesel and petrol • Batteries – all types including button batteries (these are not all confirmed cases) • Beauty products – hair products, makeup, perfume and nail products • Building materials – cement, gyprock, render and tile grout • Cleaning agents – bleaches, disinfectants, dishwasher powders/liquids, drain cleaners, solvents and various specific cleaners (e.g. oven and toilet cleaners) • Glue – craft glue, epoxy, glitter glue and super glue • Outdoor and maintenance products – garden chemicals, pest control products and pool chemicals • Personal care products – body wash, eye care, hand sanitiser, shampoo and skincare products (cleansers and sunscreen) • Poisonous plants and mushrooms • Tobacco/nicotine products – cigarettes and e-cigarettes • Toy/novelty items – glow sticks, squishies, slime and water beads ***Note:*** For the purpose of this report, animal/insect bites and stings, alcohol, medications and other drugs have not been included.

About Us

Kidsafe WA

The leading independent not-for-profit organisation dedicated to promoting safety and preventing childhood injuries and accidents in Western Australia. Injuries are the leading cause of death among Australian children aged 0 to 14 and many of these deaths and injuries can be prevented. Kidsafe WA works in the community to educate and inform parents and children on staying safe at home, at play and on the road.

WA Consumer Product Advocacy Network

The WA Consumer Product Advocacy Network (WA CPAN) was established in October 2014 by Kidsafe WA in partnership with the Department of Health Western Australia. The network provides strategic leadership to identify, monitor and address existing and emerging injury risks associated with unsafe consumer products. This work is particularly focused on enhancing the safety of products used by children. Through collaboration the network works to minimise product-related injury risks and improve child safety outcomes.

The network comprises representatives from organisations involved in the regulation, safe use, injury prevention, treatment and sale of products for use by consumers. This enables a coordinated and evidence-based approach to identifying product safety concerns and implementing effective prevention strategies.

Membership includes representatives from:

- Australian Competition and Consumer Commission
- Atlantis Early Learning
- Fiona Wood Foundation
- Department of Health Western Australia, Public and Aboriginal Health Division
- Department of Local Government, Industry Regulation and Safety – Consumer Protection
- Goodstart Early Learning
- Kidsafe Western Australia
- Perth Children's Hospital Emergency Department
- WA Poisons Information Centre

Products identified through the network are prioritised based on the level of risk they present, and the safety concerns raised by WA CPAN network members. Action plans are developed to support coordinated advocacy and evidence-based recommendations aimed at reducing childhood injuries associated with unsafe consumer products.

Network members meet bi-monthly, with approximately six meetings held annually. Regular communication is also maintained between meetings to enable the timely identification and response to emerging product safety issues. Once a product safety concern has been identified, action is typically led by the member organisation best placed to drive change through its expertise, influence or stakeholder networks.

Actions undertaken may include:

- Advocating for changes
- Delivering workshops to provide injury prevention information
- Monitoring products through injury surveillance and safety checks
- Providing safety messages in media releases and newsletters
- Providing resources such as brochures, fact sheets, tools and videos, made available through member organisation websites and social media channels
- Enforcement of appropriate regulations or consumer law

Perth Children's Hospital Injury Surveillance System

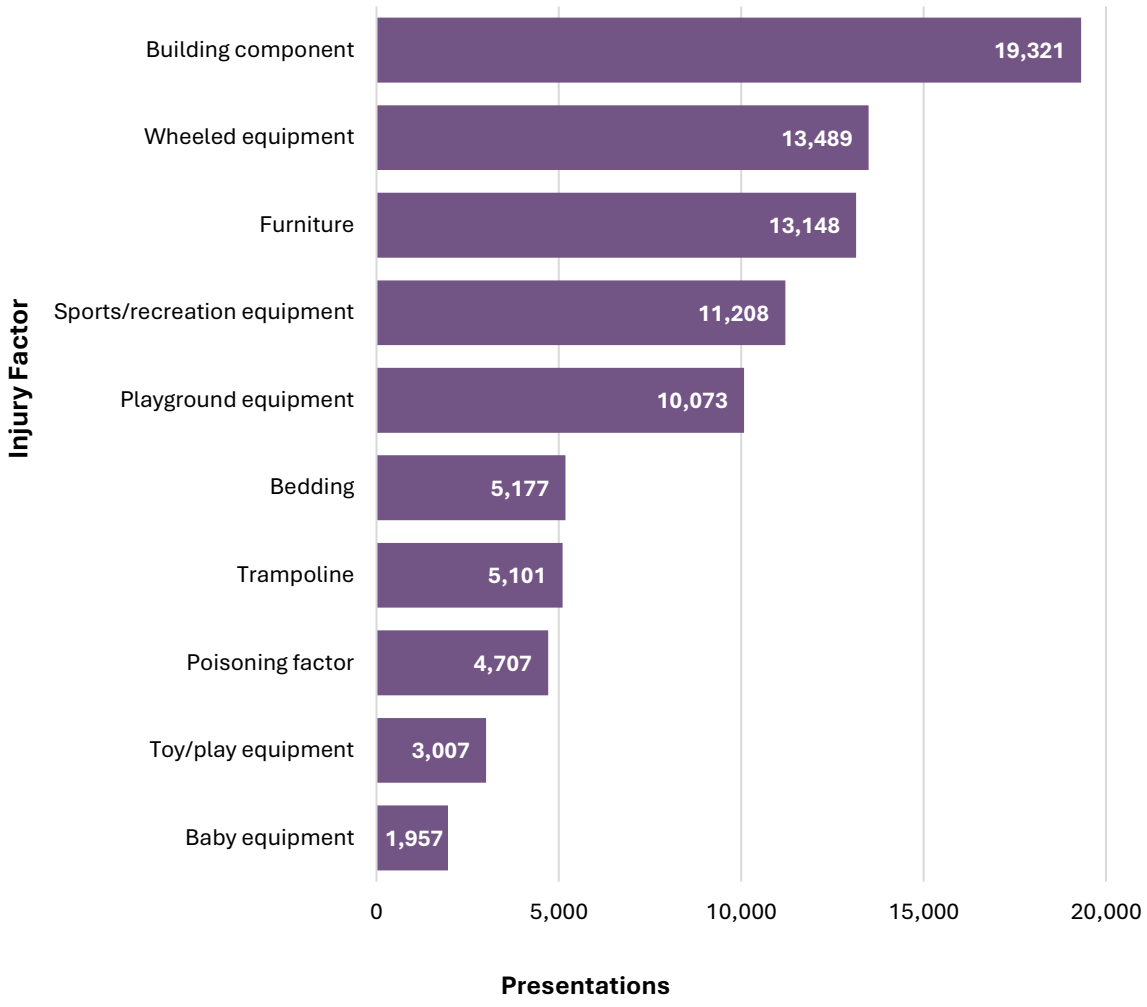
The Perth Children's Hospital (PCH) is the only paediatric hospital in Western Australia and is the referral centre for paediatric illness and injury within the state. Each year approximately 68,000 children present to the PCH Emergency Department (ED). The PCH ED Injury Surveillance System is designed to capture data related to all children who present with an injury. Injury data is collected by triage nurses who initially assess the child presenting to the ED. All clinical information and basic demographic details are recorded. This data is then coded and validated by a dedicated Injury Surveillance Officer daily.

Childhood Injuries in Western Australia

Each year approximately 23 Western Australian children die as a result of injury, with a further 8,000 children hospitalised[1]. Between July 2015 and June 2025, approximately 194,231 children presented to the PCH ED with an injury. Of these presentations, approximately 45 percent (n=87,188) involved an injury factor[2]. An injury factor is a product or structure that contributed to the cause of injury.

The types of reported injury factors have remained consistent over the years with building components such as doors, walls and windows continuing to be the leading injury factor, accounting for 22.2 percent (n=19,321) of presentations. This is followed by wheeled equipment (15.5%, n=13,489) and furniture (15.1%, n=13,148), including items such as chairs, sofas, tables and cupboards (Figure 1).

Figure 1: Presentations by Injury Factor; July 2015 to June 2025



A triage category is assigned to each child presenting to PCH ED. This indicates the level of urgency of their injury (Table 2). When examining all presentations with an injury factor, 74.3 percent (n=64,757) were triaged as semi-urgent, followed by 19.4 percent (n=16,914) triaged as urgent, 5.6 percent (n=4,915) triaged as an emergency and 0.6 percent (n=493) triaged as resuscitation. The remaining 0.1 percent (n=105) were triaged as non-urgent. Presentations with an injury factor tended to have a higher urgency rating compared with those without an injury factor.

Table 2: Triage Category

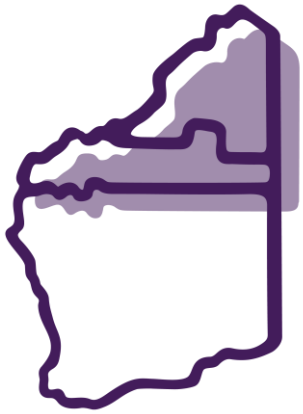
Category	Seen within (minutes)
(1) Resuscitation	0
(2) Emergency	10
(3) Urgent	30
(4) Semi-urgent	60
(5) Non-urgent	120

In most cases (85.0%, n=74,140) the child was able to depart the ED with completed treatment. A further 13.3 percent (n=11,589) were admitted to hospital for additional treatment, and the remaining cases either did not wait, were transferred to other hospitals or their disposition was unknown (1.7%, n=1,459). The admission rate was slightly higher for presentations with an injury factor compared to those without an injury factor.

Snapshot of Poison-related Injuries

1,265

Children were seen at the Perth Children's Hospital Emergency Department (PCH ED) due to an injury from a poisonous product between July 2015 and June 2025



127

Children per year are seen at PCH ED for an injury from a poisonous product



55%

Of poison-related presentations had a confirmed diagnosis of poisoning



Most common poisons around the home associated with injuries seen at PCH ED:

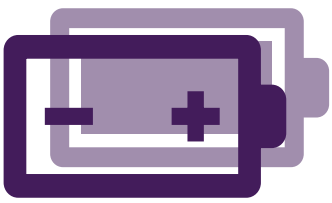
30%

Cleaning products



18%

Batteries



Introduction

Poison-related Injuries

Throughout childhood, children are exposed to a wide range of products that may contain hazardous chemicals or pose other poisoning risks. These hazards can be present in household products or garage and shed storage areas or occur naturally in the environment through sources such as plants and insects. While poisoning risks exist in both indoor and outdoor environments, many are found within the home setting[3-5].

Exposure to toxic substances can occur through ingestion, inhalation, or skin or eye contact, potentially resulting in a range of injuries and adverse health outcomes. These may include poisoning, chemical burns, eye irritation and injury, skin irritation, rashes and internal harm[5,6]. The severity and nature of the effects depend on several factors, including the type of substance, dose, formulation, route of exposure, the child's age, the presence of other substances, and individual susceptibility[3]. Consequently, poisoning incidents frequently lead to calls to Poison Information Centres, visits to healthcare providers, and hospital admissions[6]. Early recognition of exposure and symptoms is critical, as the period between exposure and the onset of symptoms provides an important opportunity for intervention[3].

Poisoning remains a significant public health issue for children worldwide. Globally, it is among the five leading causes of unintentional injury-related deaths in children under 14 years of age[3]. In Australia, poisoning is also one of the leading causes of injury-related hospitalisations, with children aged 0 to 4 years experiencing the highest hospitalisation rates[7]. It is estimated that approximately 40 children are admitted to hospital each week due to poisoning[8], while Poison Information Centres receive more than 180,000 calls annually, around half of which relate to children[9]. Young children are particularly vulnerable because of their natural curiosity and tendency to explore their environment through touch and taste[6]. In addition, some products possess characteristics that may be especially appealing to children[3]. Identifying poisoning hazards in environments accessible to children and implementing appropriate safety measures are therefore essential strategies for childhood injury prevention.

Given the ongoing burden of childhood poison-related injuries, understanding the circumstances and mechanisms associated with these events is important for informing prevention efforts. This report examines poison-related presentations to the PCH ED in Western Australia involving household products, garage and shed products, and plants. Presentations related to animal and insect bites or stings, alcohol, medications, and other drugs have been excluded from the analysis.

Method

A custom search query was created to identify potential injury presentations resulting from poisons. The PCH ED injury surveillance database, covering the period from July 2015 to June 2025, was reviewed using the following inclusion criteria:

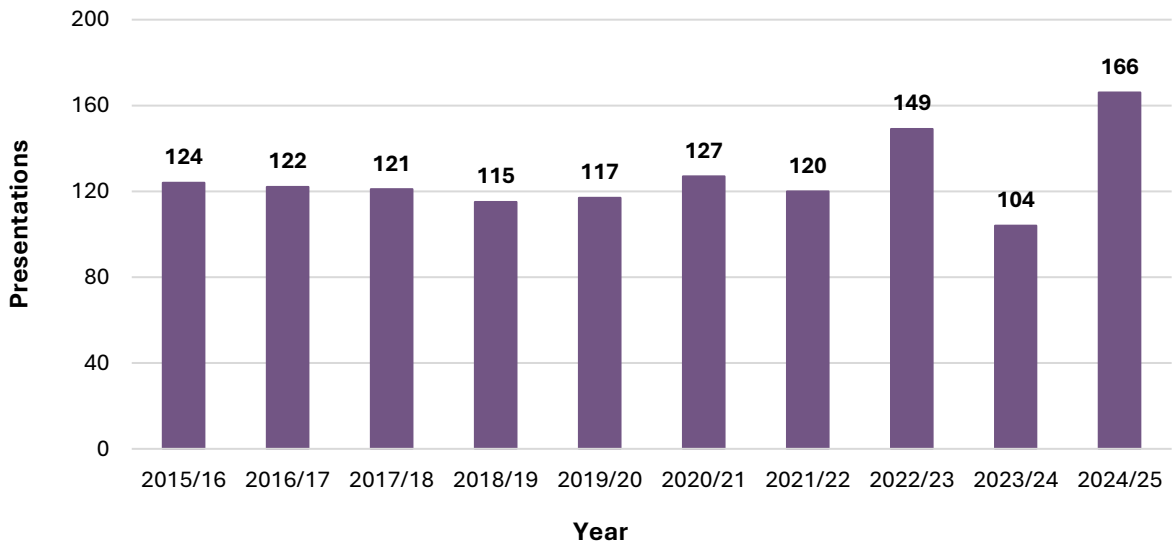
- Age: 0 - 15
- Injury cause: All
- Intent: All
- Location: All
- Injury factor: Not applicable, pharmaceuticals, toy and play equipment and non-pharmaceuticals

After reviewing 151,924 with the injury factors above, a total of 1,265 true injuries were identified. A manual review of the triage text was conducted to identify and remove presentations that were miscoded and did not involve a poisonous product. This process also enabled identification of the specific product associated with the injury and provided more information about the injury mechanism. During this process products removed from the data set included animals/insects, drugs and alcohol (alcohol, illegal drugs & medicine), dietary or workout supplements and fire smoke inhalation.

Results

Between July 2015 and June 2025, there were 1,265 poison-related injury presentations to PCH ED, accounting for 1.0 percent of total injury presentations during this period. The proportion of injury presentations attributable to poisons remained relatively stable over the 10-year period, with an annual average of 0.7 percent (n =127) of all injury presentations (Figure 2).

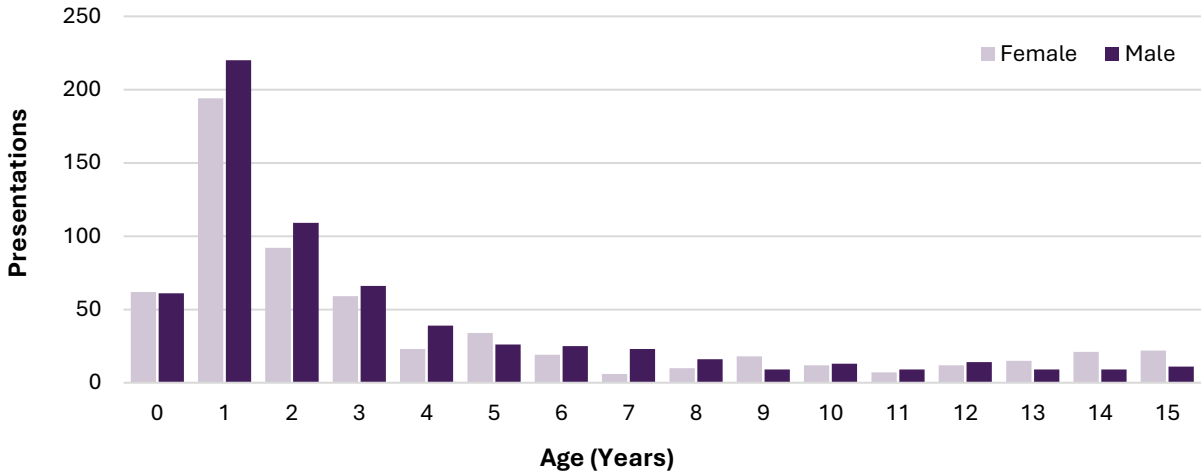
Figure 2: Poison-related Injuries by Year; June 2015 to July 2025



Demographics

Almost three quarters of the children presenting to PCH ED with a poison-related injury are between 0 and 4 years old (73.1%, n=925), with one-year olds presenting most within this age group (32.7%, n=414). This is followed by children aged 5 to 9 years (14.7%, n=186), 10 to 14 years (9.6%, n=121) and 15 years (2.6%, n=33). On average females account for a slightly higher proportion of poison-related injuries (52.4%, n=607) compared to males. Looking at each year separately, males account for more presentations than females among younger children, while females account for more presentations than males from age nine onwards (Figure 3).

Figure 3: Poison-related Injuries by Age and Sex; July 2015 to June 2025



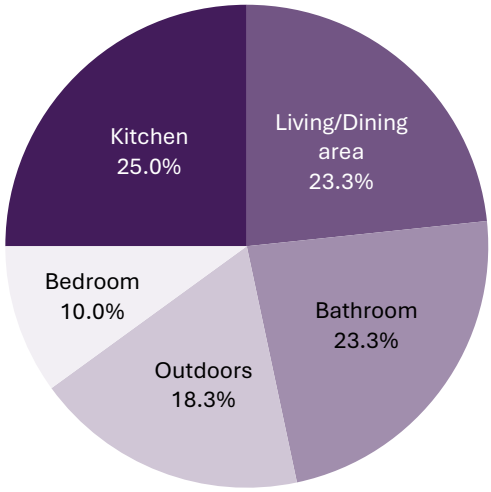
The majority of children presenting with poison-related injuries reside in the metropolitan area (92.7%, n=1,173), followed by those living in regional areas of WA (4.7%, n=59). The remaining cases involved children residing interstate, internationally or with an unknown place of residence (2.2%, n=28). Among regional areas, the Wheatbelt recorded the highest number of poison-related presentations (32.2%, n=19). Approximately 6.8 percent (n=86) of children presenting to PCH ED with a poison-related injury identified as Aboriginal and/or Torres Strait Islander.

Injury

Almost all poison-related injuries were due to unintentional circumstances (99.5%, n=1,259) with the remaining classified as intentional self-harm, undetermined or other.

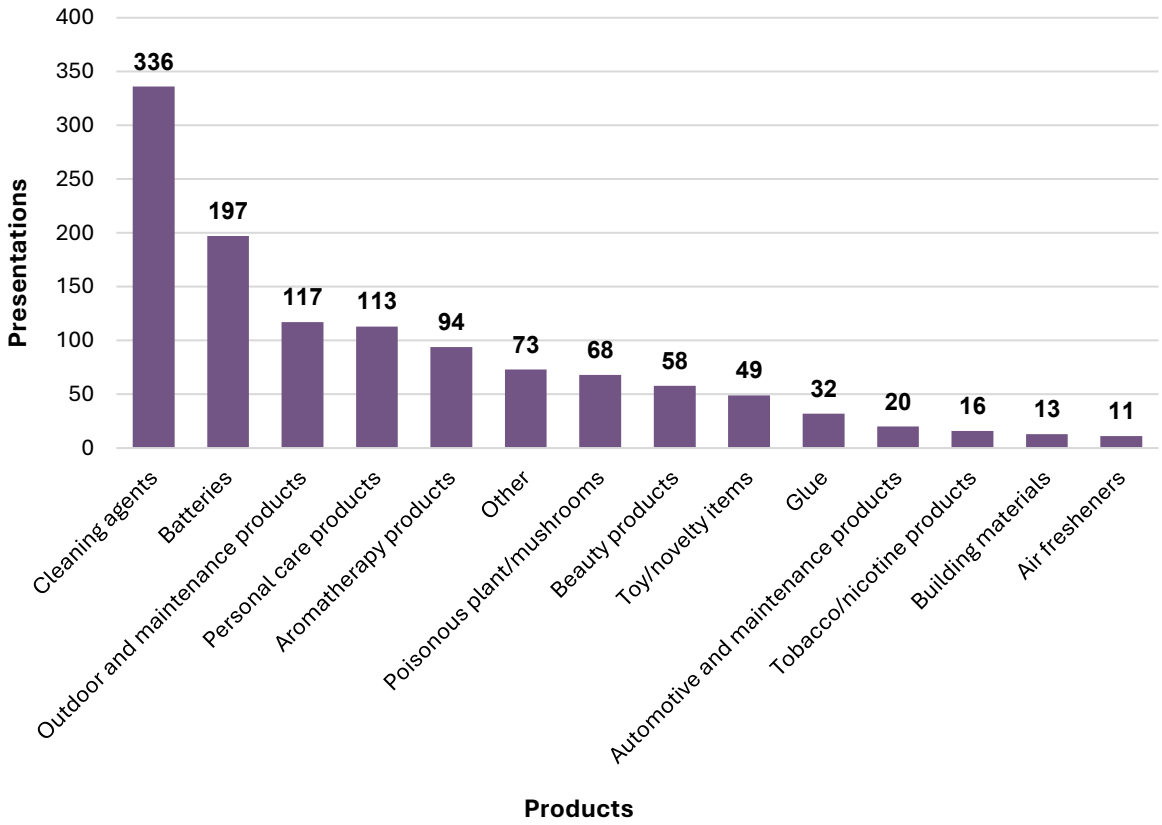
For a substantial proportion of presentations, the location of where the injury occurred was recorded as unknown (78.3%, n=990). Of the known locations (21.7%, n=275), almost three quarters occurred at home (including farms) (73.5%, n=202). This was followed by school/residential institutions (19.6%, n=54) and commercial/industrial/medical areas (5.1%, n=14). The remaining presentations occurred in other areas (1.8%, n=5). Among the home-based presentations where the specific injury location was recorded (29.7%, n=60), the kitchen was the most common location for poison-related injuries to occur, accounting for 25.0 percent (n=15). This was followed by the living/dining area, bathroom, outdoors and bedroom (Figure 4).

Figure 4: Poison-related Injuries by Home Area; July 2015 to June 2025



Of the presentations where the product was specified, the most common product associated with injury was a cleaning agent (28.1%, n=336). This was followed by batteries, accounting for 16.5 percent (n=197) of the presentations. See Figure 5 for the remaining products identified. Of note, battery presentations are suspected ingestions/insertions only and do not represent confirmed cases. See Table 1 for more details on poisonous products.

Figure 5: Poison-related Injuries by Product; July 2015 to June 2025



Among the cleaning agents, an 'other' category (see Table 1 for details) accounted for 17.0 percent of presentations (n=57). This was followed by bleach (15.5%, n=52), washing detergent (includes powders, liquids and capsules) (13.1%, n=44) and dishwasher detergents/additives (11.6%, n=39). See Figure 6 for the top five cleaning agents identified, excluding the 'other' category. See table 3 for the most common products identified within the poisonous product categories.

Figure 6: Poison-related Injuries by Top Five Cleaning Agents; July 2015 to June 2025

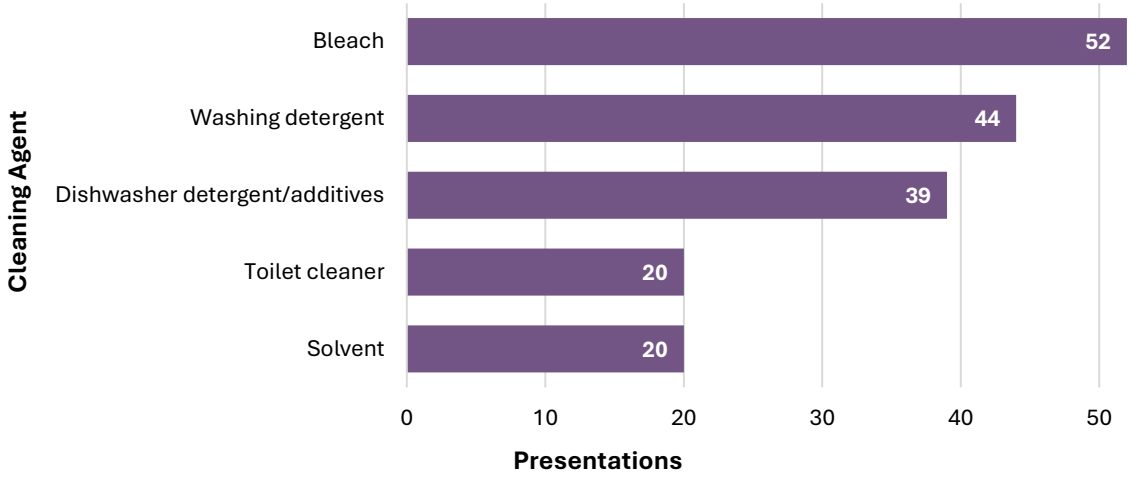


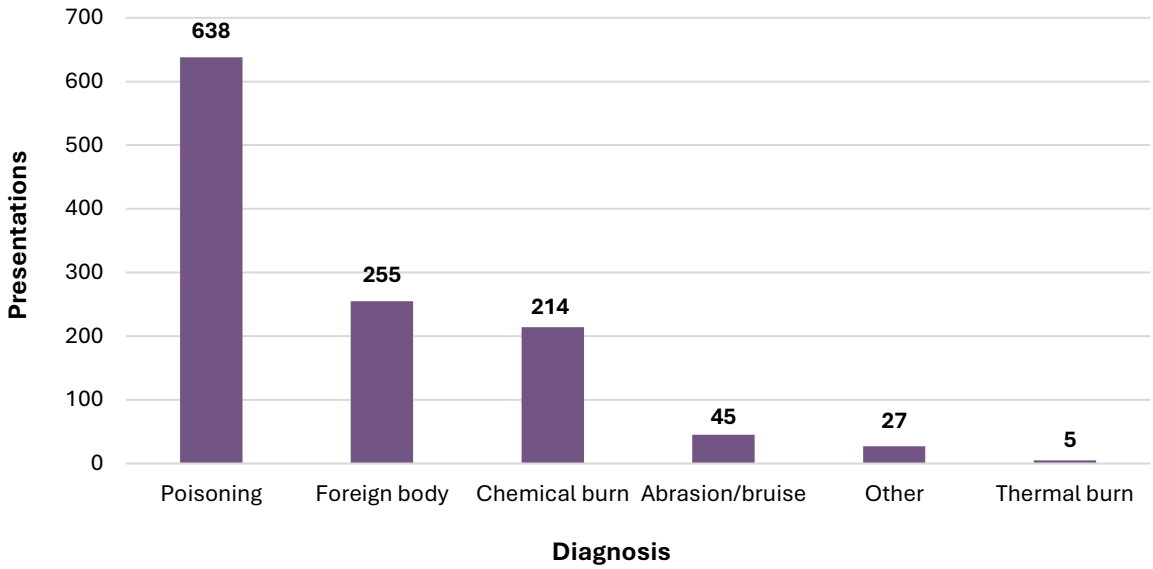
Table 3: Most common products identified within each poisonous product category

Product category	Most common product
Cleaning agents	Bleach, washing detergent
Batteries	Button batteries, cylindrical batteries (i.e AA)
Outdoor & maintenance products	Pest control product (mouse/rat bait/poison), pool chemicals
Personal care products	Hand sanitiser, body/hair wash
Aromatherapy products	Essential oil (eucalyptus), diffuser oil
Poisonous plants/mushrooms	Mushrooms, oleander
Beauty products	Nail products (polish remover), makeup/hair product
Toy/novelty items	Water beads, bubble mixture
Glue	Super glue
Automotive & maintenance products	Petrol/diesel
Tobacco/nicotine products	E-cigarettes/e-cigarette liquid
Building materials	Cement

Note: 'Other' has not been included due to the small numbers of the miscellaneous products identified.

For the known diagnoses of poison-related injuries, approximately half of the presentations resulted in poisoning (n=638). This was followed by a foreign body ingestion or insertion (21.5%, n=255). Most of the foreign body presentations involved a battery swallowed or inserted into the ear or nose, or liquid products i.e. detergent or glue, squirted into the eye, causing irritation. The remaining diagnoses included a chemical burn (18.1%, n=214), abrasion/bruise (3.8%, n=45), other (2.3%, n=27) and thermal burn (0.4%, n=5) (Figure 7).

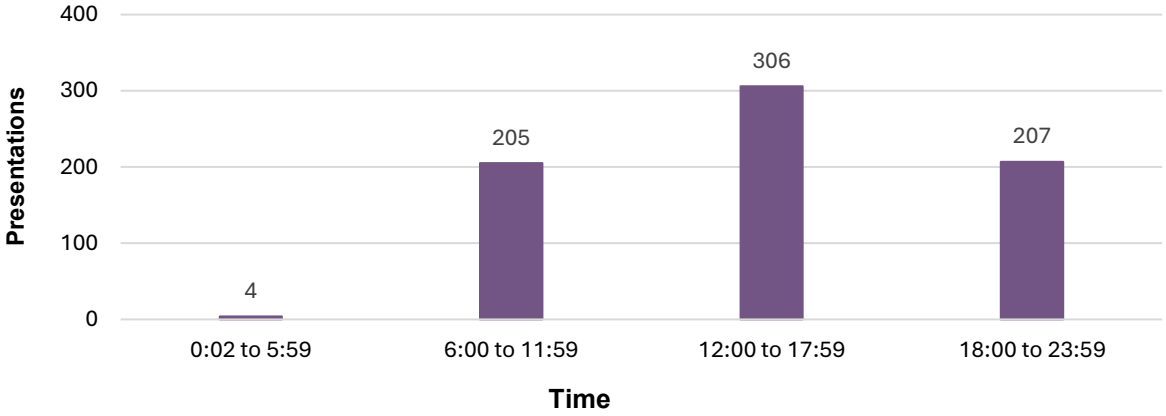
Figure 7: Poison-related Injuries by Diagnosis; July 2015 to June 2025



Treatment

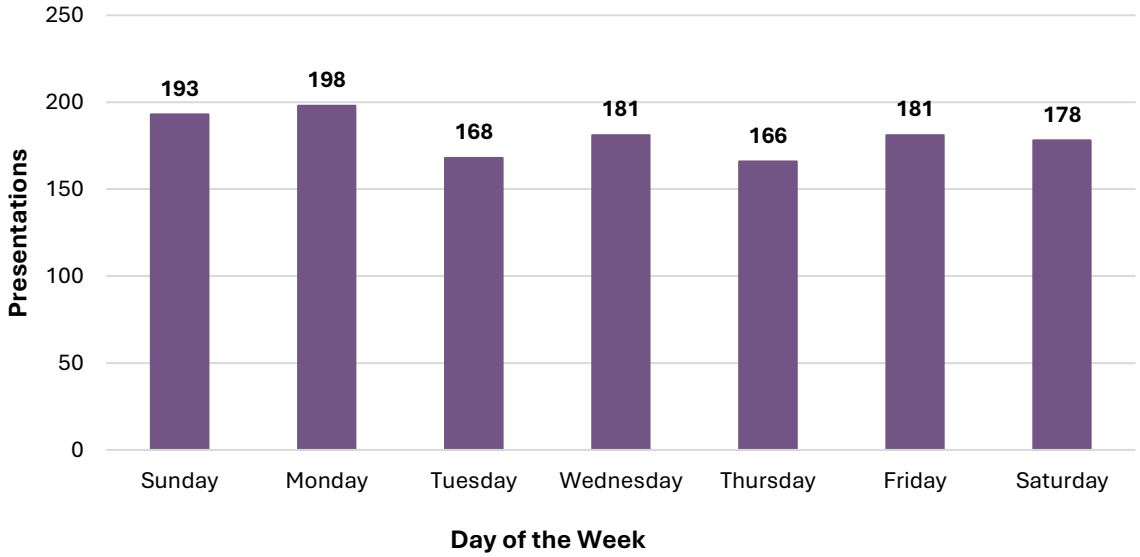
The time of injury was unknown for almost half of the presentations, typically recorded as 0.00 to 0.01 (42.9%, n=543). Amongst presentations with a known time of injury (57.1%, n=722), just under half occurred from 12:00 to 17:59 (42.4%, n=306), followed by 18:00 to 23:59 (28.7%, n=207) (Figure 8).

Figure 8: Poison-related Injuries by Time of Injury; July 2015 to June 2025



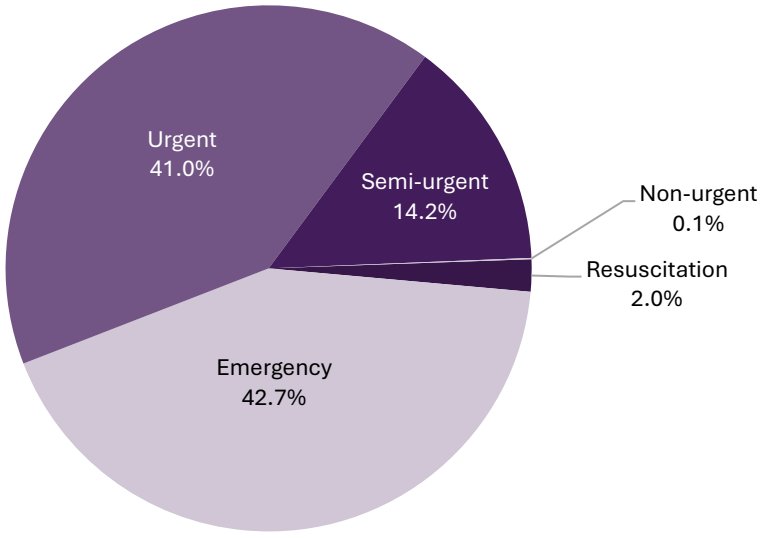
During the triage process, the day of injury and day of presentation are also recorded. The greatest number of injuries occurred on Monday and Sunday accounting for 15.7 percent (n=198) and 15.3 percent (n=193) respectively (Figure 9). The day of triage also follows a similar pattern.

Figure 9: Poison-related Injuries by Day of Injury; July 2015 to June 2025



A triage category reflects the level of medical urgency required. Every child that presents to PCH ED with an injury is allocated a triage category (Table 2). Almost half of the poison-related presentations were classified as emergency (42.7%, n=540), followed by urgent (41.0%, n=519). This was followed by semi-urgent accounting for 14.2 percent (n=180), with the remaining presentations triaged as resuscitation or non-urgent (2.1%, n=26) (Figure 10).

Figure 10: Poison-related Injuries by Triage Category; July 2015 to June 2025



Most children attending PCH ED for a poison-related injury were referred by themselves or a relative (85.4%, n=1,080). This is followed by referrals from another hospital (8.3%, n=105) or a general practitioner (4.6%, n=58). The remaining presentations are recorded as unknown or other (1.7%, n=22).

Approximately three quarters of children presenting to PCH ED with a poison-related injury were discharged from the ED with their treatment complete (73.8%, n=934), while 24.5 percent (n=310) were admitted to hospital for further treatment. The remaining presentations either did not wait for treatment, were transferred to another hospital or the outcome of their attendance is unknown or recorded as other (1.7%, n=21).

Discussion

This report examines poison-related injury presentations associated with household products, garage/shed products, and plants among children and adolescents presenting to PCH ED between July 2015 and June 2025. While this data does not capture all poison-related injuries occurring in Western Australia, it provides valuable insight into the nature, distribution and severity of presentations requiring hospital care.

Between July 2015 and June 2025, there were 1,265 poison-related presentations to PCH ED. Overall, poison-related presentations remained relatively consistent across the ten-year period. Although poison-related presentations represented a small proportion of all injury-related presentations to PCH ED, the findings suggest that these incidents often require medical assessment and intervention.

Children aged 0 to 4 years accounted for the majority of poison-related presentations, with one-year-olds comprising the largest proportion within this age group. This finding is consistent with child developmental stages, where increased mobility, curiosity and exploratory behaviours place young children at greater risk of exposure to potentially harmful substances[6]. These results reinforce the importance of targeted prevention strategies for families with young children.

Overall, females accounted for a slightly higher proportion of poison-related presentations than males. However, age-specific patterns differed, with males experiencing higher presentations during the early childhood years and female presentations increasing from approximately nine years of age onwards. Further investigation is required to better understand the factors contributing to these age and sex differences and to inform targeted prevention initiatives.

Aboriginal and Torres Strait Islander children represented 6.8 percent of poison-related presentations. This proportion was almost double that observed among all injury presentations during the same period, highlighting a potential area for further investigation and targeted injury prevention efforts. Understanding the social, environmental and systemic factors that may contribute to this disparity is important for developing culturally appropriate prevention strategies.

The majority of poison-related injuries occurred in the home (including farms), with schools and residential institutions accounting for the next largest proportion. Within the home environment, the kitchen was the most frequently identified location, followed by living and dining areas and bathrooms. These findings are consistent with common household storage locations for hazardous products.

Cleaning agents, specifically bleach, were the most frequently identified product associated with injury presentations, suggesting that access to household cleaning products continues to present a significant risk. Batteries were the second most common product identified and may reflect the widespread presence of battery-powered devices within household environments, including kitchen scales, television remote controls, toys and other consumer products. Poisoning was the most common injury mechanism, accounting for approximately half of all presentations. This was followed by injuries involving the ingestion or insertion of a foreign body. These findings highlight the ongoing importance of safe storage practices, product design improvements and caregiver awareness in preventing childhood exposure to potentially harmful substances.

Compared with all injury presentations, poison-related presentations were more likely to be classified as urgent or emergency in the triage process. This increased severity was also reflected in hospital admission rates, with poison-related injuries resulting in admission at approximately twice the rate of all other injury presentations. These findings demonstrate the significant healthcare burden associated with poison-related injuries and underscore the importance of prevention strategies aimed at reducing both exposure and injury severity.

Despite ongoing prevention efforts, poison-related injuries remain an important child safety issue, particularly among younger children. The findings of this report provide important evidence to inform injury prevention policy, program planning and community education initiatives. Strategies that promote the safe storage and use of hazardous products, increase awareness among parents and caregivers, and support safer product design may help reduce the occurrence and severity of poison-related injuries. Further research and enhanced injury surveillance are required to improve understanding of exposure pathways, emerging hazards and the factors contributing to poison-related injuries among children and adolescents.

Prevention

Preventing childhood injuries from chemicals and other poisons requires a range of strategies to address the varying risk factors at different ages and stages of development. Young children are most at risk of unintentional poisoning due to their natural curiosity and limited awareness of hazardous products, while older children may be more vulnerable to intentional poisoning, relating to self-harm. As such, it is important that parents and carers understand the injury risks from household chemicals and other poisons most relevant to their child's age and developmental stage and take appropriate steps to minimise injury risk.

Recommended prevention strategies include:

- Identify potential poisons within the home, including medications, cleaning products, and other household chemicals.
- Check product labels and safety information to determine whether household products may be harmful if swallowed, inhaled, or otherwise accessed by children.
- Store all poisons in their original containers and keep them secured in locked cupboards or behind child-resistant locks, preferably at least 1.5 metres above ground level.
- Safely dispose of expired or unwanted poisons and seek guidance from local pharmacies or councils regarding appropriate disposal methods.
- Avoid storing poisonous substances near food or beverages. Where medicines require refrigeration, they should be kept in a secure, lockable container.
- Recognise that child-resistant packaging is not child-proof, as some children may still be able to open these containers.
- Keep products containing button batteries and magnets out of children's reach. These can be found in a range of household items, including remote controls, calculators, toys, and musical greeting cards.
- Ensure products containing button batteries have a secure compartment and regularly check that these products are not damaged or broken.
- Assess gardens and outdoor environments for potentially poisonous plants and remove or restrict access where necessary.
- Ensure the Poisons Information Centre contact number (13 11 26) is readily available and accessible in the event of a poisoning emergency.

Implementing these measures can help reduce children's exposure to hazardous substances and contribute to the prevention of poisoning-related injuries.

WA Consumer Product Advocacy Network's Role
It is important for WA CPAN to raise community awareness around poisonous products and strategies to prevent poison-related injuries. This includes promoting evidence-based safety messages across the Western Australian community through education, data dissemination, advocacy, digital communications, and support for regulatory measures. Network members may also contribute to injury prevention initiatives through their involvement in relevant Australian Standards committees, helping to inform the development and improvement of product safety standards.

Here are some other ways WA CPAN can make a difference:

- Work with PCH ED to improve reporting/data collection in relation to information about the specific product and specific location of the incident.
- Educate the community to increase knowledge about poison safety around the home to prevent these injuries and first aid treatment should an incident occur.

In addition, WA CPAN will continue to identify unsafe products and advocate for change in order to reduce the number and severity of child injuries associated with consumer products. WA CPAN will use its network to:

- Identify emerging child product safety issues through data collection and research;
- Continue to monitor existing child product safety issues;
- Advocate for appropriate product safety measures in children's products;
- Raise public awareness of child product safety concerns; and
- Collaborate to achieve the best outcome for Western Australian children.

Limitations

There are some limitations that present with utilising the data from this report. Many poison injuries to children may go unreported and therefore are not represented in this data. This could be for reasons such as:

- Children may not present to a facility for treatment;
- Others may go to a facility closer to home; or
- May seek medical assistance from a general practitioner.

The accuracy of this report's data is also heavily dependent on patient or parental recall of the injury. This may not always be an accurate relay of what happened, and information can be lost between triage staff and the family affected.

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