Toxic Plants

With Poison Ivy remember: “Leaves of 3, Let it be!”

Call North Carolina Poison Control at 1-800-222-1222 if you suspect a poisonous plant exposure.

Visit www.NCPoisonControl.org for a list of some potentially poisonous plants.
You’ve learned about some potential poisons and how to avoid them. Now it’s time to do some inventory in and around your own home. Your Action Plan will help you identify the problem areas in your home, determine solutions, and map out a plan for implementing the solutions.

Here’s an example to help get you started. If you note that you do not have adequate storage in your garage for chemicals, paints, and other dangerous products, a possible solution would be to bring the chemicals inside to a locked area. You could also create or purchase storage units for your garage that can be locked.

Your Action Plan timeline will depend on if you buy units or build them yourself. Give yourself a deadline to complete the project, so you can be accountable to make the changes.

**Problem areas in my home, yard, or garage:**

**Solutions:**

**Schedule for implementing my solutions:**
Checklist for Poison Proofing Your Home

Kitchen

___ Are household products (detergents, cleaners, polishes) stored in high shelves in cupboards?
___ If children or pets are in the home, are child safety latches on all cabinets and drawers containing household products?
___ Are medications removed from all open areas such as counters, windowsills, or the top of the refrigerator?
___ Are all medications, cleaning substances, and other liquids in their original containers?
___ Are all potentially harmful products away from all food?

Bedroom

___ Have medications been removed from dresser drawers and bedside tables?
___ Are cosmetics and perfumes up high and locked away?*
___ Have guests been invited to store their medicines in a locked area in your home?
___ Is a working carbon monoxide detector installed outside of all sleeping areas?

Bathroom

___ Are all medicines in original containers?
___ Are all medicines, sprays, powders, cleaners, cosmetics, polishes, hair care, toothpaste, and mouthwash up high and locked away?*
___ Are all medications given only to the people they are prescribed for?
___ Are old medications disposed of properly?◊

Laundry Area

___ Are all detergents, fabric softeners, whiteners, soaps, polishes, and other cleaners up high and locked away?*
___ Are all drain and toilet bowl cleaners up high and locked away?*
___ Have empty household containers been rinsed out and placed in a covered trashcan?

Garage/Basement

___ Are insect sprays, weed killers, or pesticides up high and locked away?*
___ Are all automotive supplies like antifreeze, windshield cleaner, engine cleaner, and motor oil up high and locked away?*
___ Are paints, turpentine, putty, and glue up high and locked away?*
___ Is a working carbon monoxide detector installed?

Around the House

___ If children or pets are in the home, are alcoholic beverages out of reach?
___ If children or pets are in the home, are ashtrays empty and are cigarettes out of reach?
___ Are painted objects kept in good repair?

* Be careful when grabbing chemicals and other household products from a high place. Use a step stool or lower products slowly to avoid spills on your skin or in your eyes.

PREVENT POISONINGS AT HOME

Store these products up and out of children’s reach.

**KITCHEN**
- alcoholic beverages
- countertop cleaner
- dish cleaner
- drain opener
- floor cleaner
- furniture polish
- hand sanitizer
- vitamins

**BATHROOM**
- cosmetics
- hair products
- mouthwash
- nail products
- shower/bath cleaner
- toilet bowl cleaner
- toothpaste

**LAUNDRY ROOM**
- bleach
- detergents
- laundry pods
- soaps
- stain remover

**LIVING ROOM**
- button batteries
- cigarettes
- diffuser oils
- e-cigarettes
- plants

**BEDROOM**
- essential oils
- medicines
- melatonin
- perfumes
- vaporizers

**GARAGE**
- aluminum wheel cleaner
- ant/roach traps
- antifreeze
- gasoline
- kerosene
- lamp oil
- lighter fluid
- paint thinner
- pesticides
- rust remover
- windshield washer fluid

Some items may be found in more than one room.
Please check the box that most closely indicates your opinion of this program.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program content was appropriate and relevant to me.</td>
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<td>The information was timely and current.</td>
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<td>The visual aids were useful.</td>
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<td>The overall quality of the program met my expectations.</td>
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<td>The presenter engaged with the class.</td>
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<tr>
<td>I am more knowledgeable about poison safety now than before the class.</td>
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</table>

1. What did you like most about the poison prevention presentation?

   _____________________________________________________________________

2. How could it be improved?

   _____________________________________________________________________

3. What is one thing you will take away from the class?

   _____________________________________________________________________

4. How likely are you to use the poison prevention information in your home/with family?

   Not Likely                  Likely                  Very Likely

5. If so, how soon do you plan to use/share the information?

   Immediately    In the next month   In the next 3 months   Other:________

--Next page--
6. I did not know there was a poison control center prior to this class.

7. I knew the number to the poison control center prior to this class.

8. I am likely to program the poison control center number into my phone.

9. I have had to call the poison control center in the past.

10. I would call the poison control center in the future.

If not, why?

________________________________________________________________________

Comments or suggestions?

Presentation Date:

Presenter’s Name:

Your name:

City:

Zip Code:

County:

Phone:

Email:

Thank you for completing the poison prevention education program.