

# Opioid Overdose Prevention & Safe Medicine Storage & Disposal

## Help Me Grow CME Series

February 4, 2026

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Community Health Division | Department of External Affairs



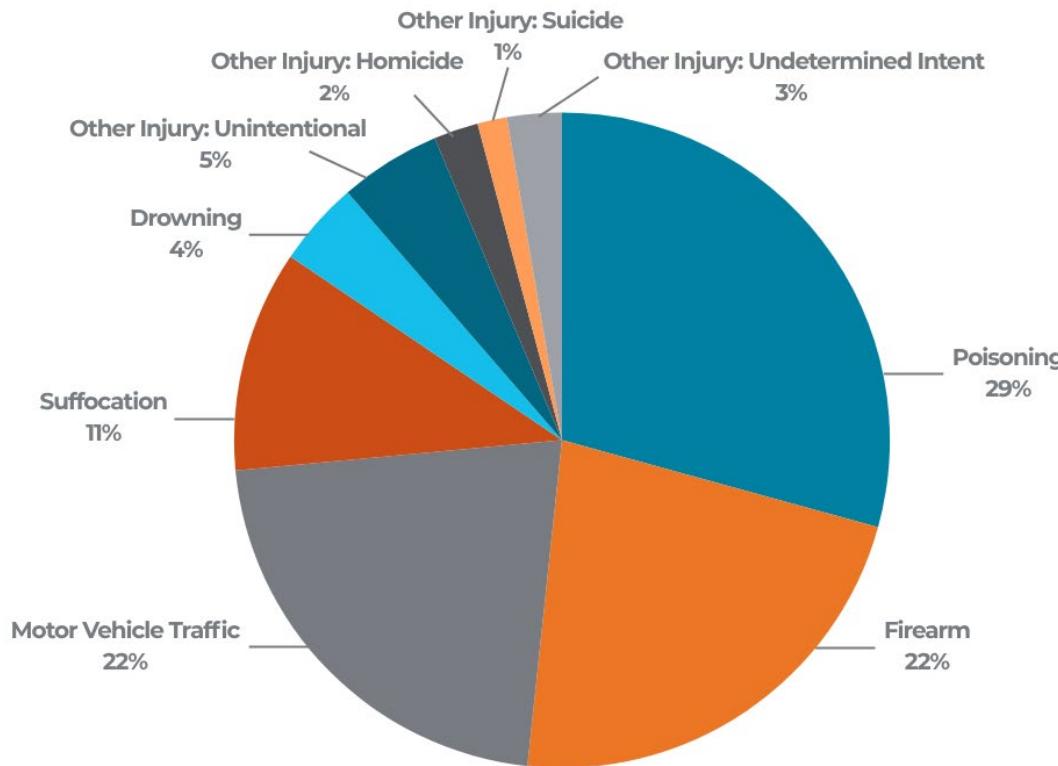
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# Objectives

- Review current pediatric opioid overdose data trends.
- Summarize naloxone pharmacology and indications, including key points for patient and caregiver education.
- Describe the relationship between mental health conditions and substance use.
- Explain the Good Samaritan Law, including its scope and limitations.
- Provide practical strategies & tools to initiate conversation about substance use with patients and families.
- Identify relevant community resources available in Washington state.
- Identify evidence-based best practices for safe medicine storage in households with children and adolescents.
- Demonstrate recommended methods for safe medication disposal.



## WASHINGTON INJURY DEATHS AGES 0-24, 2020-2023, 2821 DEATHS



Source: CDC Wonder Underlying Cause of Death, 2020-2023

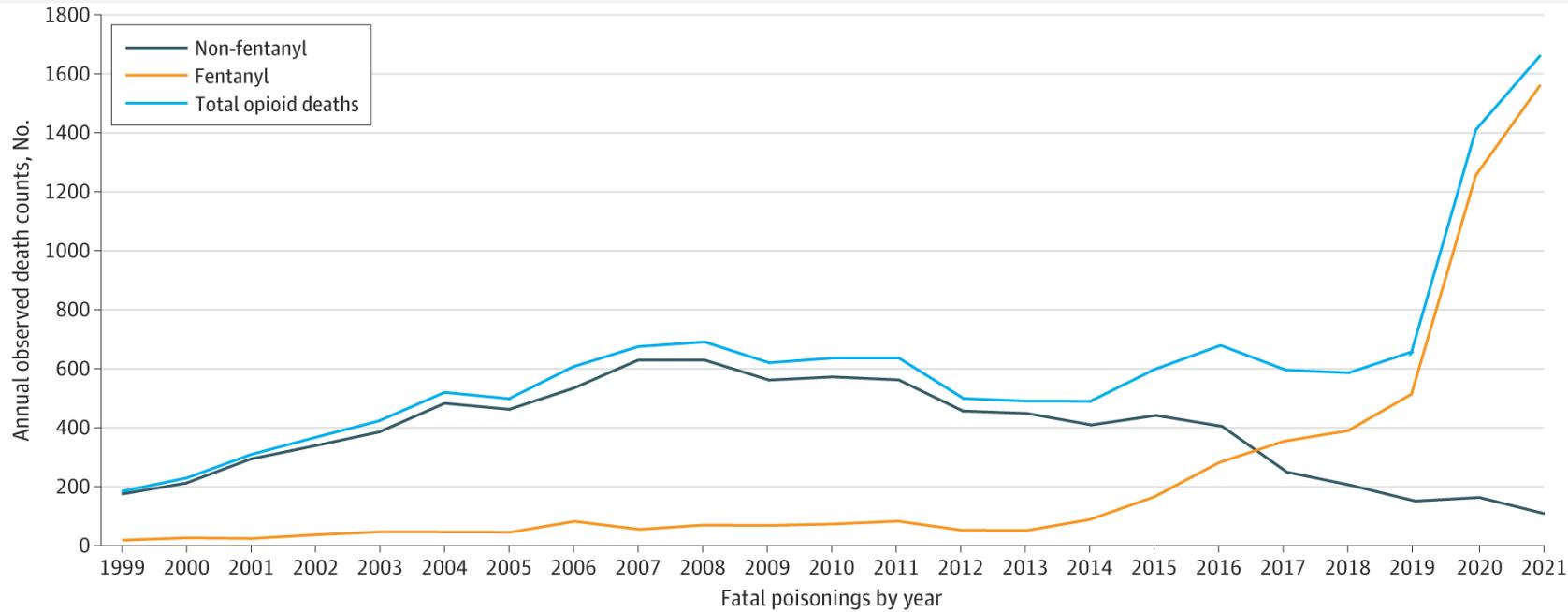
Note: Other Injury includes all other injury mechanisms that are not represented as a category in this chart. **Poisoning and suffocation include unintentional, suicide and undetermined intent deaths.** Firearm includes homicide, suicide, unintentional and undetermined deaths. All motor vehicle traffic and drowning deaths are categorized as unintentional. Undetermined intent deaths are not specified as homicides, suicides or unintentional injuries in the data.

# Leading Cause of Injury Deaths in Washington by Age Group, 2020 to 2023

	<1	1-4	5-9	10-14	15-19	20-24
1	Unintentional Suffocation 61	Unintentional Drowning 21	Unintentional MV Traffic 20	Suicide Suffocation 37	Unintentional MV Traffic 214	Unintentional Poisoning <b>485</b>
2	Homicide Unspecified 12	Unintentional MV Traffic 19	Homicide Firearm --	Unintentional MV Traffic 35	Unintentional Poisoning <b>212</b>	Unintentional MV Traffic 328
3	Undetermined Poisoning --	Unintentional Suffocation --	Unintentional Fire/Flame --	Suicide Firearm 25	Homicide Firearm 107	Suicide Firearm 207
4	Unintentional Drowning --	Unintentional Struck By or Against --	Unintentional Drowning --	Unintentional Drowning 13	Suicide Firearm 104	Homicide Firearm 132
5	Homicide Other Spec, Classifiable --	Homicide Unspecified --	Unintentional Fall --	Homicide Firearm 11	Suicide Suffocation 79	Suicide Suffocation 90



# National Trends in U.S. Between Jan 1999-Dec 2021 Among Individuals Younger Than 20 Years.

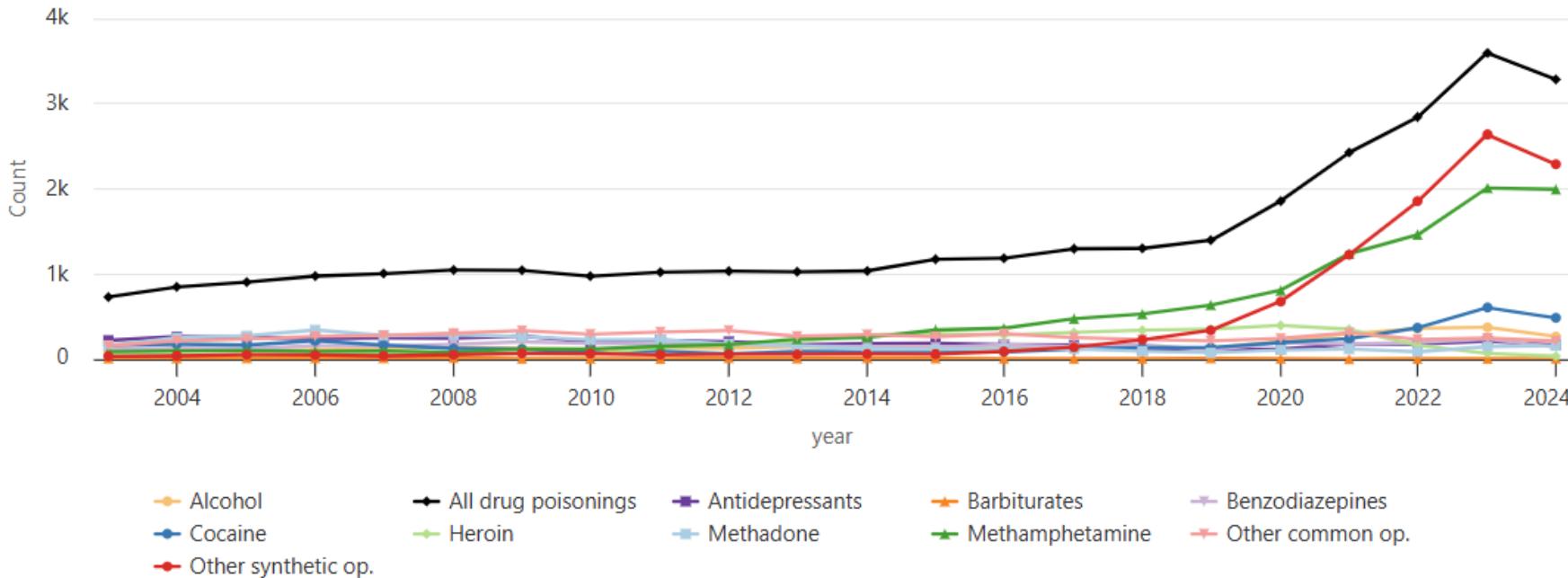


## No. of deaths

	Non-fentanyl	203	285	330	377	473	453	525	620	620	552	563	553	447	439	400	432	396	241	196	142	154	100	
	Fentanyl	NR	17	15	28	38	37	36	73	46	61	59	64	64	43	42	80	157	273	345	381	508	1251	1557
	Total opioid deaths	NR	220	300	358	415	510	489	598	666	681	611	627	627	490	481	480	589	669	586	577	650	1405	1657

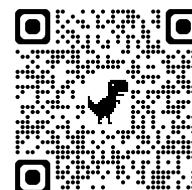


## Major drug deaths (count), statewide



Analysis by UW ADAI. For data sources, see text or [adai.uw.edu/WAdat](http://adai.uw.edu/WAdat)

Data sources: Washington State Department of Health (deaths), state Office of Financial Management (population).



From 2020-2022 WA State had the 3<sup>rd</sup> highest rate of overdose deaths for teens ages 14-18  
 King County has one of the highest Adolescent Overdose Rates

	Deaths	Mortality per 100,000	Relative Rate
<b>National Total</b>	3178	4.94	1.00 (Reference)
<b>Top 15 Most Affected States</b>			
Arizona	181	12.62	2.55
Colorado	125	11.43	2.31
Washington	132	9.72	1.97
Kansas	54	9.10	1.84
Alaska	12	8.68	1.76
New Mexico	36	8.65	1.75
North Dakota	12	8.65	1.75
Oregon	62	8.39	1.70
Nevada	47	8.16	1.65
Missouri	83	7.12	1.44
California	524	6.93	1.40
Indiana	91	6.79	1.37
Maine	15	6.58	1.33
Tennessee	83	6.47	1.31
South Carolina	59	6.13	1.24
<b>Hotspot Counties (&gt;20 Deaths and Death Rate Above National Average)</b>			
Maricopa County, AZ	117	12.73	2.58
Los Angeles County, CA	111	6.16	1.25
Orange County, CA	61	10.11	2.05
Cook County, IL	56	6.11	1.24
San Bernardino County, CA	55	11.28	2.28
King County, WA	52	14.44	2.92
Riverside County, CA	41	7.58	1.54

Source: Friedman J, Hadland SE. The overdose crisis among U.S. adolescents. *N Engl J Med* 2024;390:97-100. DOI: 10.1056/NEJMmp2312084

## Consider this national data on pediatric overdose deaths...

**60%**

Occurred in the child's home.

**67%**

Had a bystander present.

**65%**

Decedents had no known history of opioid use.

**87%**

87% were unintentional

Citation: Gaither JR. National Trends in Pediatric Deaths From Fentanyl, 1999-2021. *JAMA Pediatr.* 2023;177(7):733-735. doi:10.1001/jamapediatrics.2023.0793

Citation: Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10-19 Years — United States, July 2019–December 2021. *MMWR Morb Mortal Wkly Rep* 2022;71:1576-1582. DOI: <http://dx.doi.org/10.15585/mmwr.mm7150a2>

# Risk and Protective Factors

## Risk Factors

### Mental health

- Teens experiencing stress, anxiety, or depression may seek out pills to self-medicate and are likely to use alone.

### Physical pain

- Teens who have been injured or are experiencing physical pain may seek out pills to self-medicate.

### Peer pressure

- Teens may experiment in social settings with peers who are drinking, taking pills, or using other drugs.

## Protective Factors

Access to caring health professionals and evidence-based treatment.

Expanding access to naloxone.

Family engagement.

School connectedness & healthy friendships.

Relationship to a trusted adult who can share information and keep communication pathways open.

Efforts aimed to increase resilience and connectedness of adolescents to prevent misuse and harm.

Educating on opioids and training on how to recognize and respond.

Promoting safer drug use.

Slide credit: Some info.  
adapted from WA State Friends  
for Life



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# Mental illness increases overdose risk

## Increased Vulnerability

- The presence of an untreated or poorly managed mental illness significantly increases the likelihood of opioid use and overdose.

## Impaired Coping and Decision- Making

- A mental health crisis can impair someone's decision-making and lead to using higher doses, using multiple substances, and isolation.

## Substance-Induced Symptoms

- Opioid use and withdrawal can trigger or worsen symptoms of mental health conditions, such as depression or anxiety.

## Treatments Gaps

- People with co-occurring mental health conditions and substance use disorder are less likely to get adequate treatment for both conditions

# Considerations for Care of Patients with Co-Occurring Mental Health and SUD

Medication for Opioid Use Disorder

Psychiatric Medication

Treat The Whole Person

Behavioral Therapies

Community and Connection

# Opioid Overdose Awareness, Prevention

- Deliver education & services to respond to the opioid overdose crisis among young people.
- Reduce stigma around substance use disorder and increase awareness of treatment options.
- Increase access to naloxone through community cabinets and direct distribution.
- Raise awareness of safety of Medications for Opioid Use Disorder (MOUD) for Adolescents.
- Support access to resources for safe medicine storage & disposal.

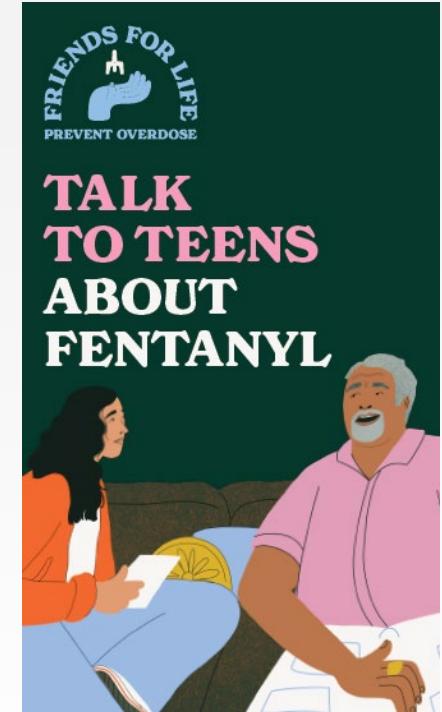
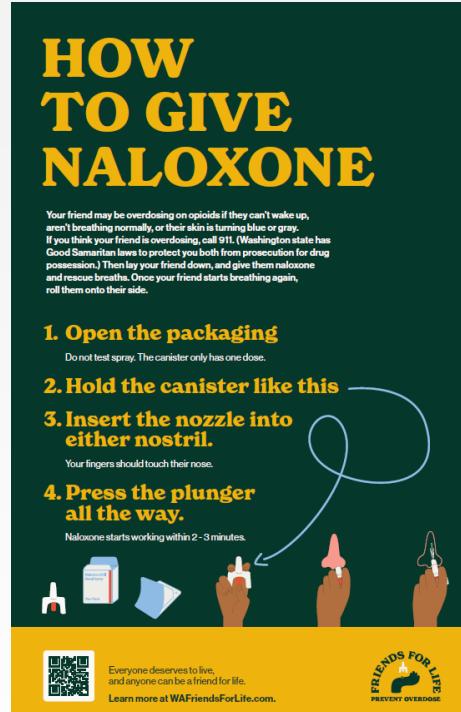
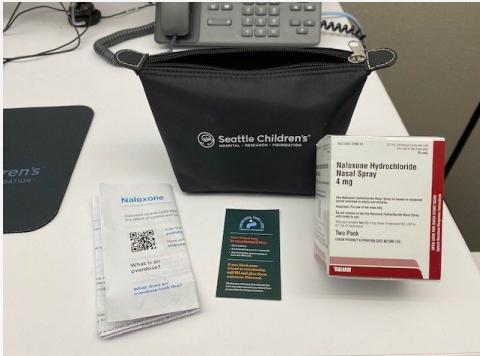


Image credit: Friends For Life campaign

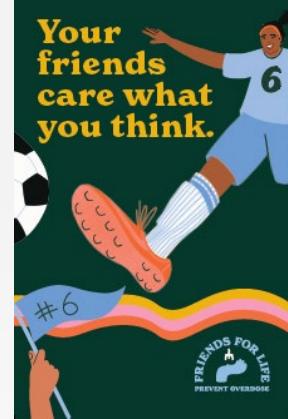
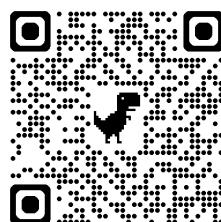
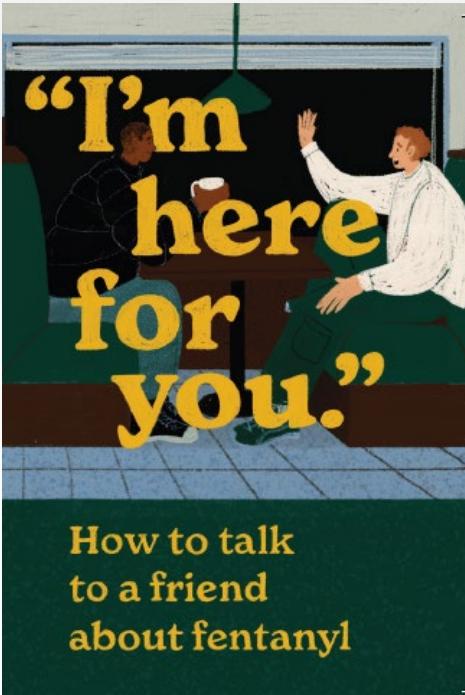
# Clinician Collaboration & Community Education



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# Education Materials

Zines, Postcards, peer-to-peer and adult audiences



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# Key Teaching Points

- What is an overdose?
- What causes an overdose?
- Can you name some examples of opioids?



# Key Teaching Point: Recognizing an overdose

If safe to do so, check by looking, listening, and feeling for:

- No, slow, or unusual breathing (snoring, gurgling noises).
- Blue, gray, or ashen lips, palms, and nails.
- Sweating on the forehead and/or face
- Cool, damp and/or clammy skin.
- Tiny or “pinpoint” pupils.



## Know the Signs



### Not Responding

Doesn't move and can't be woken.



### Slow or Not Breathing

A breath every 5 seconds is normal.



### Making Sounds

Choking, gurgling sounds or snoring

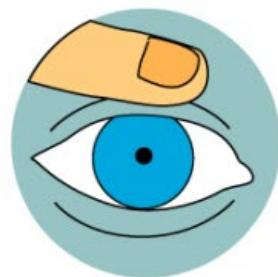


### Blue Lips & Nails

Image credit:  
<https://sl.bing.net/b2PwM8TTBi8>



### Cold or Clammy Skin



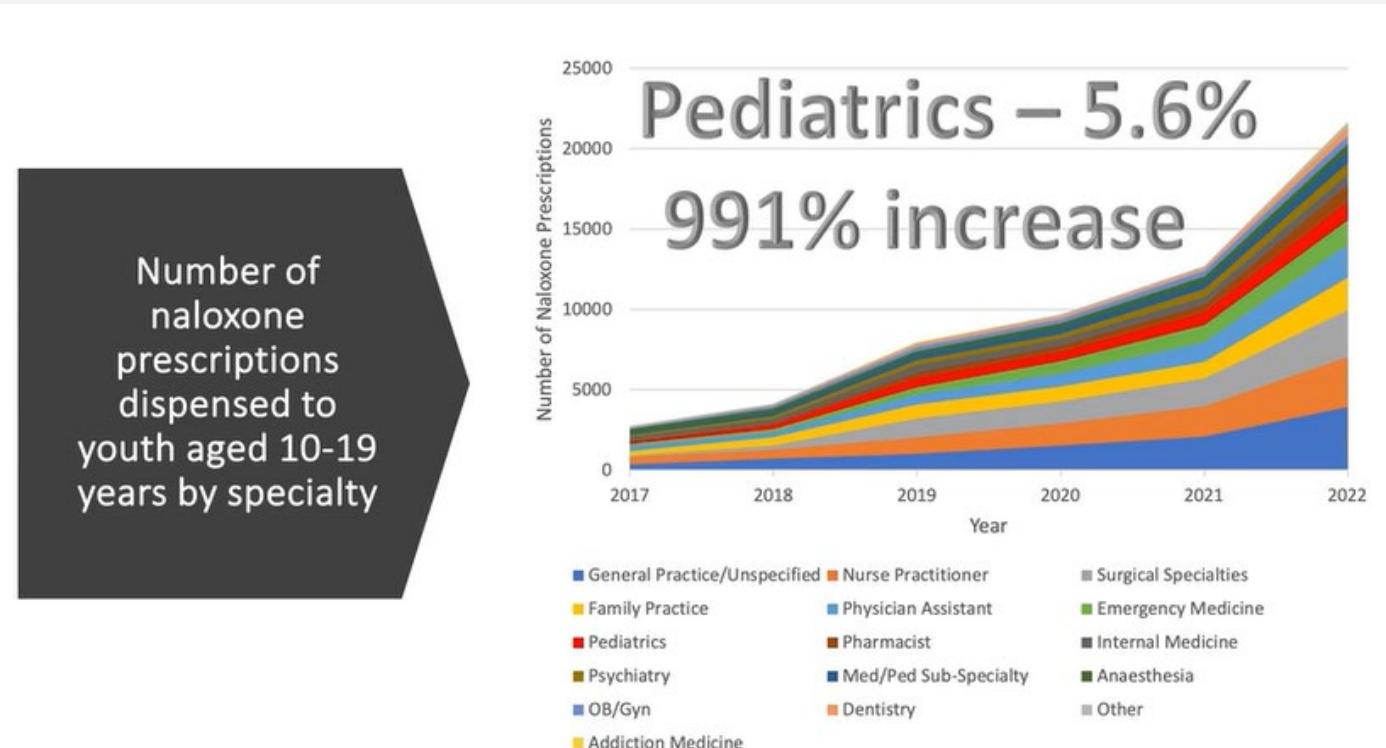
### Tiny Pupils

# Key Messages:

- Naloxone is a **safe** medication.
- It may not help outside setting of opioid overdose but will not hurt.
- Also known by the brand name, Narcan
- Nasal spray starts working within a few mins, can last 30 - 120 minutes
- Can be stored at room temp or in the fridge, do not freeze



Naloxone is lifesaving in the event of an opioid overdose but is not widely prescribed or used in adolescents.

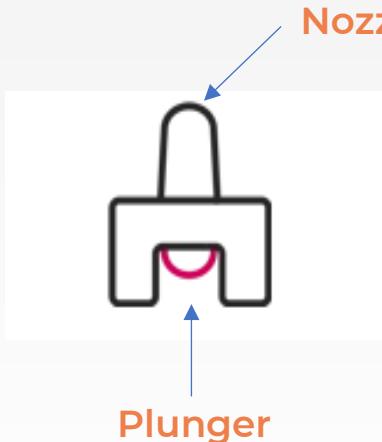


Citation: Terranella, A., Guy, G., Jr, & Mikosz, C. (2024). Naloxone Dispensing to Youth Ages 10-19: 2017-2022. *Pediatrics*, 154(4), e2023065137.  
<https://doi.org/10.1542/peds.2023-065137>

McKnight, E., & Holland-Hall, C. (2024). Pediatricians' Role in Overdose Prevention: A Call for Universal Naloxone Dispensing. *Pediatrics*, 154(4), e2024067258.  
<https://doi.org/10.1542/peds.2024-067258>

# Giving Naloxone

**\*\*every 3 minutes as needed**



# Responding to an overdose

1



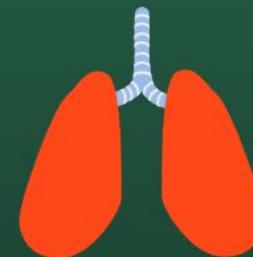
Call 911

2



Give naloxone

3



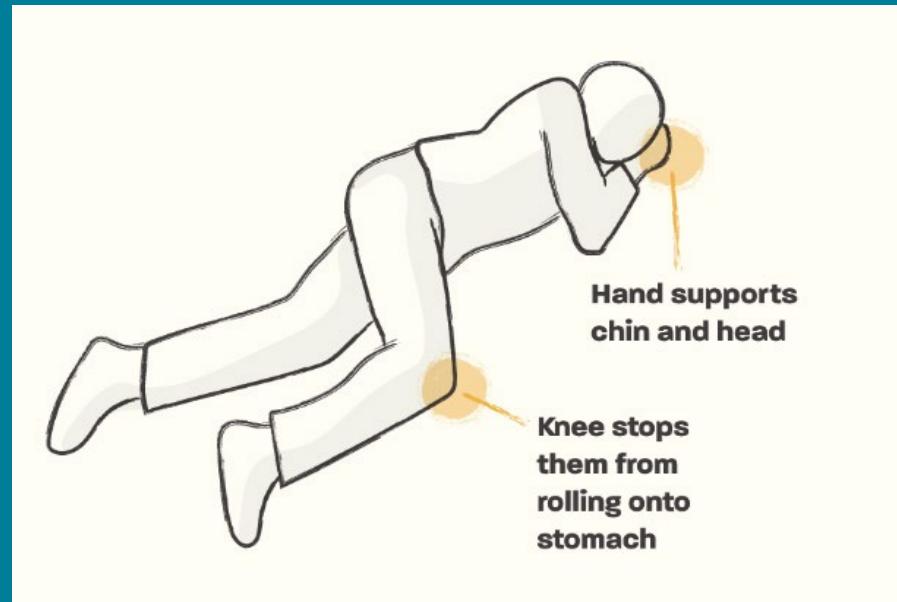
Give rescue breaths

Image credit: Friends For Life campaign



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# Recovery Position



# Good Samaritan Law

**Protects caller and anyone providing aid from being prosecuted in Washington State**

Tell EMS: "There is someone who is not breathing and won't wake up."

Even if you are under the age of 21, you cannot be charged with possession of alcohol/drugs as a minor if you call 911. The victim is also protected.

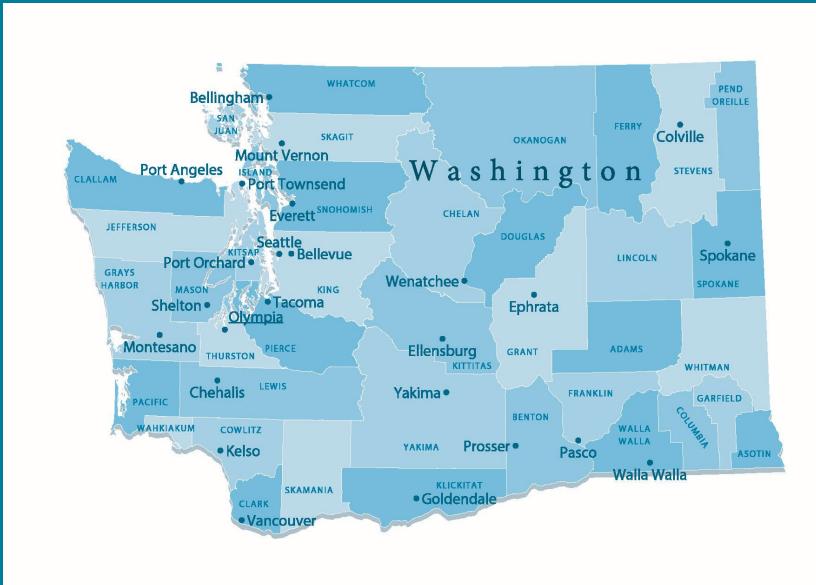
The law does not protect you from:

- outstanding warrants
- probation or parole violations
- making or selling drugs
- Crimes other than drug possession



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# Ways to get Naloxone



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Photo credit: Getty Images

# WA State Standing Order

Available without a prescription

Naloxone is available over the counter.

Find participating pharmacies by using the WA State Naloxone finder.



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## Washington State Statewide Standing Order to Dispense Naloxone HCl

Pharmacies and other entities can dispense and deliver the following naloxone products to eligible persons and entities based on availability and preference. Eligible persons and entities include persons at risk of experiencing an opioid-related overdose or persons or entities in a position to aid persons experiencing an opioid-related overdose. This includes anyone who may witness an opioid overdose and who understands the instructions for use.

### Intramuscular Naloxone Hydrochloride Injection Solution (0.4 mg/1mL)

**Dispense:** Two 1mL single-dose vials of naloxone HCl (0.4mg/1mL) injection solution and sufficient quantity of 3mL syringes with needles of 23 or 25 gauge (G) and 1" to 1.5" length, for the number of doses dispensed. A maximum of 10 vials may be dispensed.

**Directions for use:** Call 911. Inject the entire solution of the vial intramuscularly in the shoulder or thigh. Repeat every two to three minutes until patient responds or until emergency medical assistance is available.

**Refills:** As needed.

### Naloxone Hydrochloride Nasal Spray (4mg/0.1mL)

**Dispense:** 1 kit containing two single-dose devices of naloxone HCl 4mg nasal spray. A maximum of 5 kits may be dispensed.

**Directions for use:** Call 911. Administer a single spray in one nostril. Repeat into the other nostril every two to three minutes until patient responds or until emergency medical assistance is available.

**Refills:** As needed.

*Tao Sheng Kwan-Gett, MD*

Physician Signature

01/12/2023

Tao Sheng Kwan-Gett, MD, MPH

MD 00031968

NPI 1225130941

Physician Name (Printed)

**Expiration, Renewal and Review:** This standing order will expire on the date that the physician who signed the order revokes it or ceases to act as the Secretary of Health's designee, whichever comes sooner. This standing order shall be reviewed on a regular basis against current best practices and may be revised or updated if new information about naloxone administration necessitates it.

**For individuals seeking naloxone at a pharmacy:** Washington State Department of Health suggests that you bring a digital or printed copy of this standing order with you to the pharmacy to share with the pharmacist.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

# Naloxone Vending Machines & Community Cabinets



# Naloxone Finder

Naloxone is available over the counter at many pharmacies and major retailers. If you are able to do so, please [purchase naloxone or use insurance](#). Otherwise, you can find free naloxone near you using the map below.

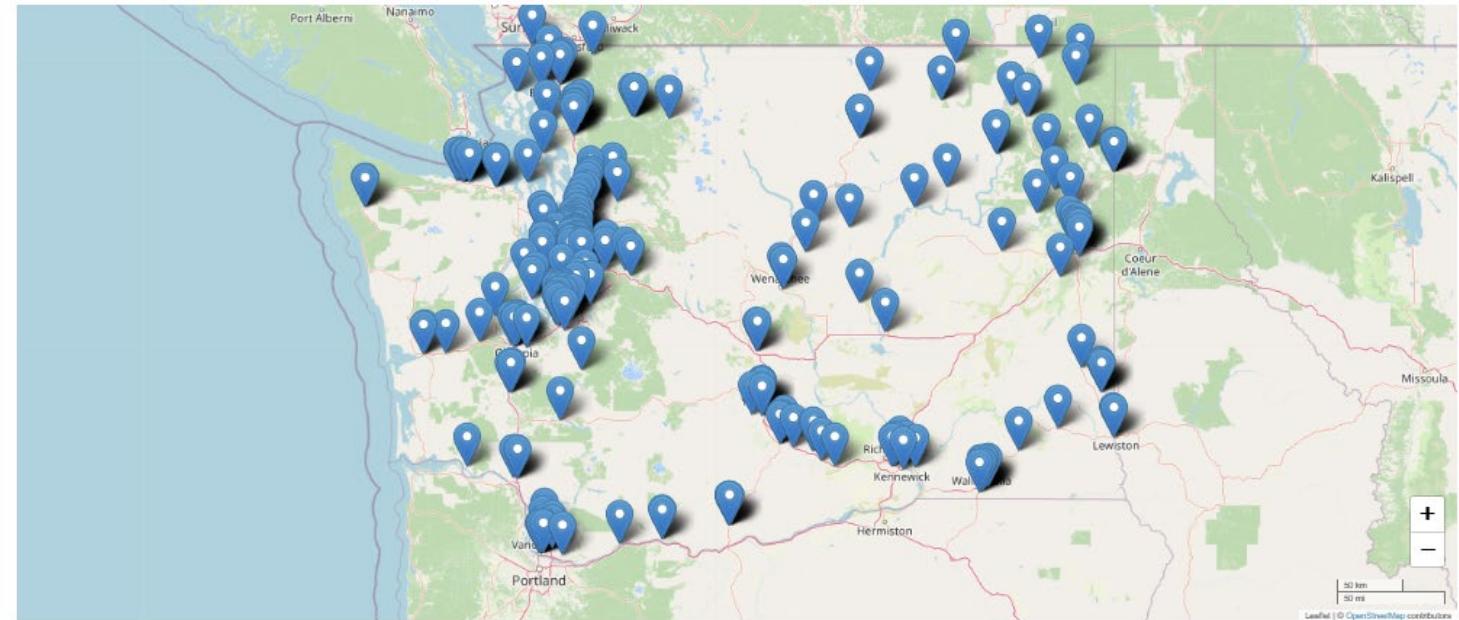
Program Type

Naloxone box/vending machine

County

- Any -

Apply

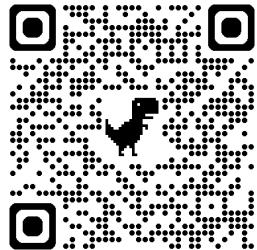
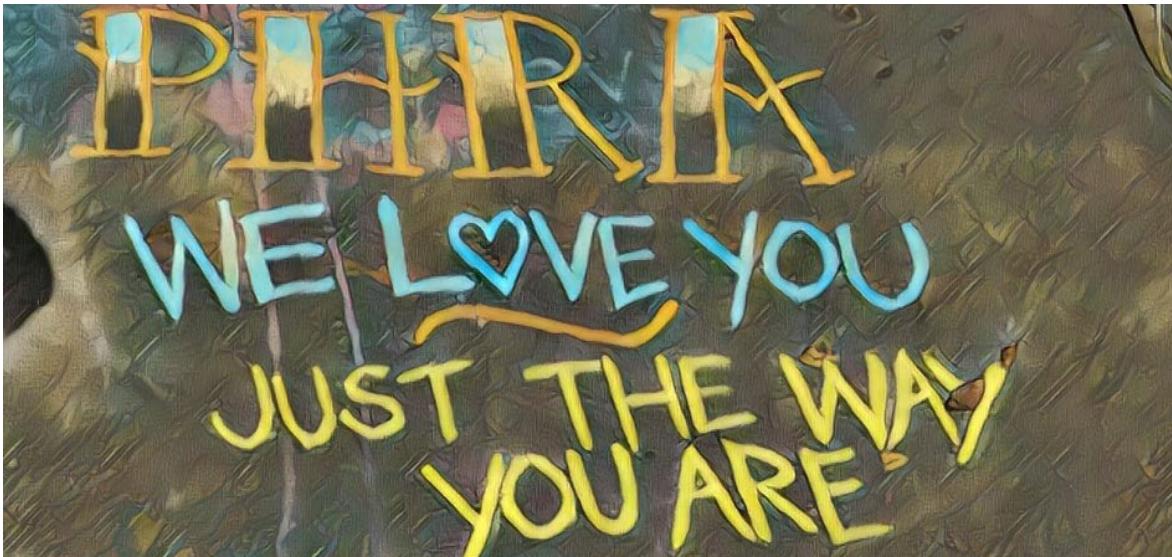


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# Home Delivery

## via The People's Harm Reduction Alliance

<https://phra.org/naloxone>



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# Conversation Starters

- Approach with openness and non-judgmental listening.
- Ask open-ended questions.
- **Avoid scare tactics. They don't work.**
- Tell them how much you care.
- Keep the conversation going.
- Several short conversations work better than one “Big Talk.”
- Be curious about their life & ask questions when you notice big changes (i.e., “I noticed \_\_”)

“Can you tell me what you know about Naloxone?”

“What do you hear from your friends ?”

“Have you heard of a drug called fentanyl? What have you heard?”

If you ever have any questions about fentanyl – or any drug – talk to me. It's my job to help keep you safe and healthy.”

# Treatment Options for Youth

## ABOUT THE UW TELEBUPRENORPHINE PROGRAM

The UW Department of Emergency Medicine launched a Telebuprenorphine Program in partnership with Public Health—Seattle & King County to provide low-barrier medication for opioid use disorder on January 2, 2024.



This program offers daily treatment access from 9 AM to 9 PM through a free telehealth visit with one of our 13 Emergency Medicine physicians. For 24/7 crisis support, the Washington Recovery Helpline is available after hours.

206-289-0287  
Email: [teleup@uw.edu](mailto:teleup@uw.edu)



# Overdose Prevention Messaging

Never use alone. Have a buddy close by who can give naloxone and get help if needed.

- If this is not possible, call 877-696-1996 for [neverusealone.com](http://neverusealone.com). They are around 24 hours a day, 365 days a year.

Have naloxone out and ready when using.

Start low and go slow. Try only a small amount of a substance and take me to see how your body reacts before taking more.

Do not mix drugs (i.e. alcohol, benzos, meth, etc.)

Have a plan for safe transportation so you are not driving while under the influence or a riding in a car with an impaired driver.



# Additional Resources

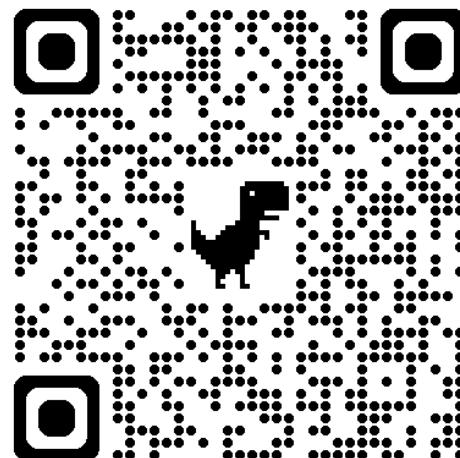
Photo Credit: Getty  
Images



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## Lowering barriers to caring for patients who use drugs.

Providing the tools you need to feel competent and confident addressing opioid use disorder during the fentanyl crisis.

[Treat a patient →](#)[Buprenorphine at home →](#)

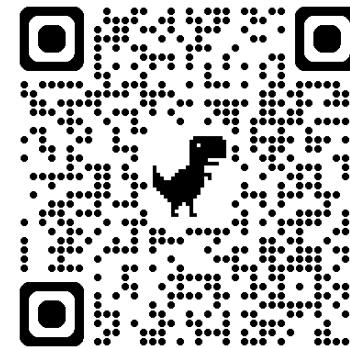
# Collaborative Learning Opportunities



ADDICTIONS, DRUG & ALCOHOL INSTITUTE  
UNIVERSITY *of* WASHINGTON

Adolescent Opioid Use Disorder  
(OUD) Learning Collaborative

King County Addiction Medicine  
Forum



## **REFUSAL SKILLS HELP YOUTH AVOID DRUGS ALCOHOL AND OTHER TROUBLE.**

The easy to use S.T.O.P. model helps youth keep themselves and their friends safe and make positive choices without shutting out their friends.

## **FOLLOW THE S.T.O.P. STEPS TO STAY OUT OF TROUBLE**

**Say No – “No thanks”**

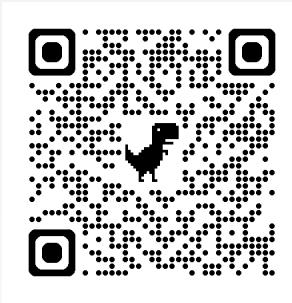
**Tell them why – “That’s not healthy”, or “My family rule is I don’t do that” or “That’s illegal, we could get in big trouble”**

**Offer an alternative – “How about we play soccer at the park instead”**

**Politely leave – “I’m going to the park, you can join me if you want”**



## Peer-to-peer support



Hear  
MeWA

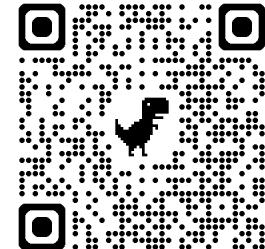
Youth + Young Adults ▾

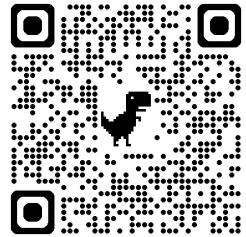
Youth Supporters

FAQ

Washington Youth

Connect with free, 24/7 support





## What is CRAFT?

CRAFT is a system for helping friends and family members change the way that they interact with someone they love who is drinking or using drugs too much.

CRAFT teaches family members how to stay connected, increase communication, and effectively encourage their loved one towards treatment, while taking care of themselves in the process. Unlike family therapy which would include the loved one, this approach is just for the friends and family members...that's YOU!

The amazing thing about family members is that they know a ton about their loved one who uses drugs or drinks alcohol. They know when the person drinks, what

they are like when using drugs or alcohol, what the person's moods are when they are intoxicated, what the person is like when they aren't, and what is important to them in the long run. The family member has tons of information, but doesn't know what to do with it.



## OPIOID AND DRUG USE DATA DASHBOARD

DATA AS OF 01/12/26 6:50PM PT



Summary   EMS Responses   ED Visits   Resources  
 Hospitalizations   Deaths   Prescriptions   By Location   By Date   By Demographics

The visuals below display opioid and drug overdose death rates per 100,000 population. Overdose death data are from DOH Vital Record System that contains information from death certificates by residence of the deceased. We recommend using age-adjusted rates for public health decision making. [Learn More](#)

### SELECT DRUG CATEGORY

Any Opioid

### SELECT LOCATION

Statewide   ACH Region   County

### SELECT AGGREGATION

1-Year

3-Year

### SELECT TIMEFRAME

2024

2023

2022

2021

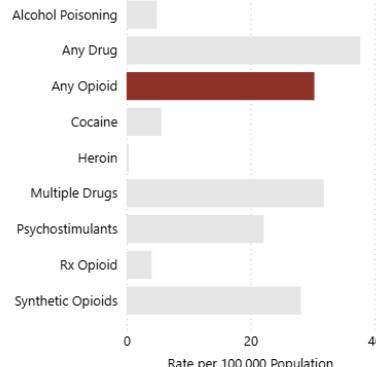
2020

2019

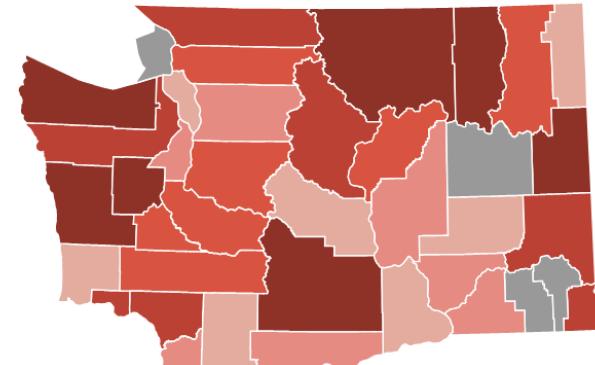
2018

2017

### Statewide Age-Adjusted Rate of Opioid Overdose Deaths per 100,000 Population by Drug Category



### Age-Adjusted Rate of Opioid Overdose Deaths per 100,000 Population, 2024



Adjusted rates and confidence limits were not calculated for counts of 0, due to instability of estimates

Download

[Click Here to Learn More About Multiple Drug Involved Deaths](#)

# State Unintentional Drug Overdose Reporting System (SUDORS)

## Data on the circumstances surrounding unintentional & undetermined drug overdose

### DRUG OVERDOSE DEATHS

Demographics

Drug Categories Involved

Circumstances

Potential Opportunities for...

Additional Circumstances

Location of Overdose

Route of Drug Administration

DATA AS OF 09/04/2025



Drug overdose death data is collected through the State Unintentional Drug Overdose Reporting System (SUDORS). Potential opportunities for intervention include circumstances in which there was a potential opportunity for a linkage to care or life-saving action. [Learn More](#)



**67%**

of drug overdose deaths had at least one opportunity for intervention in 2024

#### SELECT LOCATION

- All SUDORS Counties
- All SUDORS Counties
- County
  - Adams County
  - Asotin County
  - Benton County
  - Chelan County
  - Clallam County
  - Clark County

#### SELECT AGGREGATION

1-year

3-year

#### SELECT TIMEFRAME

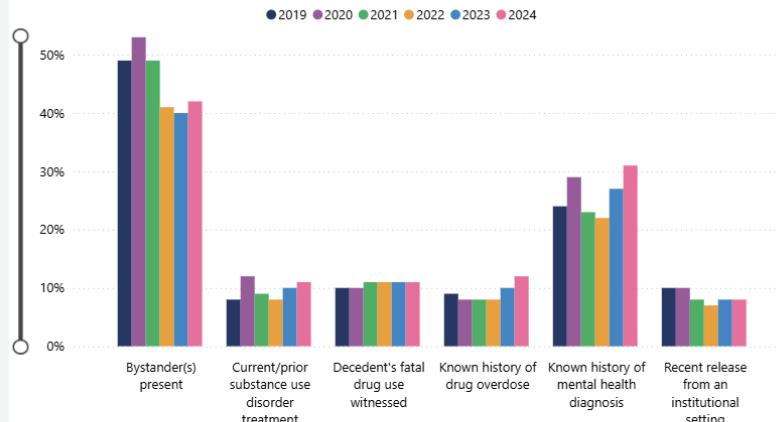
- 2024
- 2023
- 2022
- 2021



#### Potential Opportunities for Intervention - 2024

- Bystander(s) present** → 42%
- Current/prior substance use disorder treatment** → 11%
- Decedent's fatal drug use witnessed** → 11%
- Known history of drug overdose** → 12%
- Known history of mental health diagnosis** → 31%
- Recent release from an institutional setting** → 8%

#### All SUDORS Counties Opportunities for Intervention as Percent of All Overdose Deaths



2025 data is preliminary and includes deaths that occurred through June 30, 2024.

Download



# Safe Medicine Storage and Disposal

... is one way to help keep children and adolescents safe from accidental poisoning, overdose and medication misuse.



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# Leading Causes of Injury Death for Ages 0-24 in Washington from 2019 to 2023 by Age and Rate per 100,000

	Ages 0-5	Ages 6-11	Ages 12-16	Ages 17-21	Ages 0-24
1	Suffocation (3.6)	Motor Vehicle Crash (1.1)	Firearm (4.8)	Poisoning (22.4)	Poisoning (8.2)
2	Drowning (1.4)	Fire (0.5)	Motor Vehicle Crash (3.5)	Firearm (16.6)	Firearm (6.5)
3	Unspecified Injury (1.2)	Firearm (0.5)	Poisoning (3.3)	Motor Vehicle Crash (15.5)	Motor Vehicle Crash (6.2)
4	Poisoning (1.0)	*	Suffocation (3.3)	Suffocation (5.6)	Suffocation (3.4)
5	Motor Vehicle Crash (0.9)	*	Drowning (0.9)	Drowning (1.9)	Drowning (1.2)

\*Data are suppressed when each cause has fewer than 10 fatalities for that each group in the analysis period.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html> on Feb 4, 2026

## Poisoning is a leading cause of injury death and a leading cause of non-fatal injury for children and teens.

~24%

U.S. households store medications appropriately.

~100

Children brought to the ED every day for accidental ingestion.

~50%

Individuals misusing pain relievers get them from a friend or family member.

> 1/3

ED visits for accidental medication exposure involve 1- or 2- year-old children & ~13% result in hospitalization.

## Key Messages

Safe medicine storage & disposal protects families, pets, communities, & the environment.

Locking up medications reduces the risk of misuse & accidental ingestion/poisoning.

Keep medicine up and away (out of sight and reach of small children).

Keeping medicines after they are no longer needed creates an unnecessary health risk in the home, especially if there are children present.

Do not store medicine in the bathroom (accessibility, high traffic area)

# Safety Device:

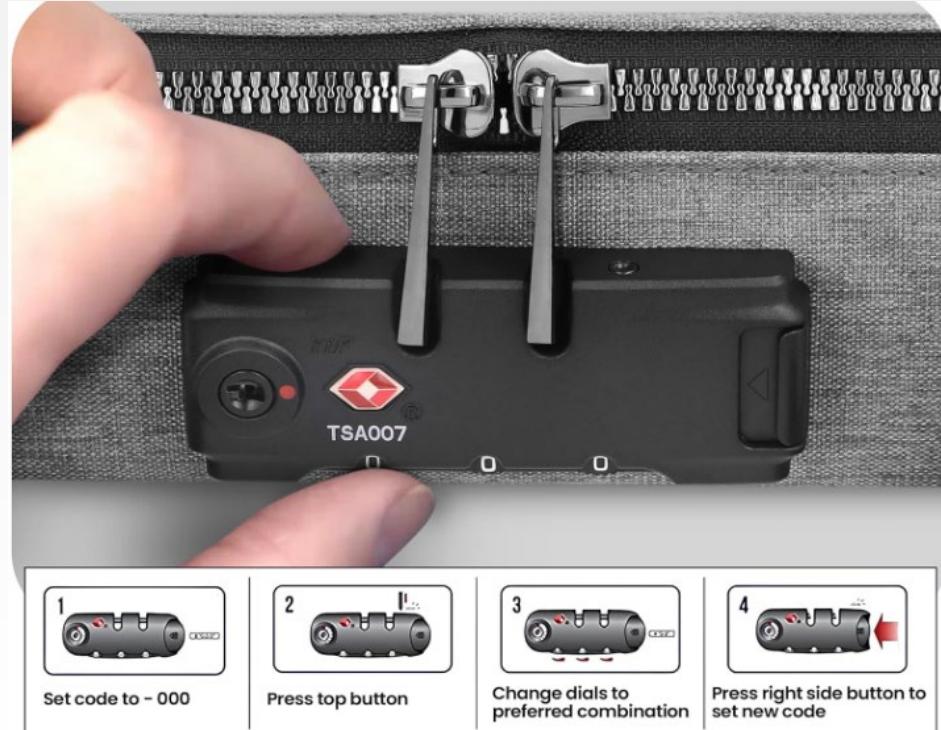
Medicine Locking Bag



# Medicine Locking Bag

Comes in two sizes –  
Large and Small

- Combination lock:
  - Reinforce best practices for selecting a code (no area code, home. addresses, 1-2-3, something easily guessed by your child, etc.).
  - Safety planning considerations (what meds to keep stored, how frequently to change the combination, etc.).



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# Medicine Disposal

## Key message:

Dispose of unused medicine (pills, liquid, films, patches, etc.) via a drug take-back program.

<https://medtakebackwashington.org>

**Safe Medication Return**

### Where to safely drop off your unwanted medicine in Washington

Use the search function below to find convenient locations with secure disposal drop-off locations or where you can obtain mail-back supplies. Call (844) 4-TAKE-BACK or (844) 482-5322 for more information or to order mail-back supplies.

[Find a Location](#) [Order Mail-Back Supplies](#) [Visit Take-Back Events](#) [Get Information](#)



Contact WA Department of Health  
Why Safe Medication Return?  
What's Accepted and What's Not?



<https://medtakebackwashington.org/>

# Community Education

## Safe Medicine Storage and Disposal To Prevent Misuse



Medicines can do a lot of good, but they can cause harm if they get in the wrong hands or are used the wrong way. This is true for both prescription and over-the-counter medicines. Safe storage and disposal of medicine in the home is one way to help keep children and teens safe from accidental poisoning, overdose and medication misuse.

### What is medicine misuse?

Medicine misuse includes taking:

- Someone else's medicine
- Too much medicine
- Medicine any other way than how it was prescribed

Medicines are harmful when misused. Prescription medicines are not the same for everybody - dosages, instructions and side effects all vary based on the individual.

### What You Can Do

#### Engage

Teens who misuse medicines most often get them from their own home, a relative's home or a friend's home. Remind people in your home to keep their purses, bags, coats and other personal items that hold medicine up, away and out of sight. Ask hosts in the homes your child visits to do the same.

Take opportunities to talk with kids and teens about the dangers of taking medicine that is not prescribed to them. You can say, "Sometimes friends or others may offer you a pill that they have. Never take medicine that's not prescribed to you. You don't know where it came from and what it could contain. Some fake pills can cause overdose or death. And real pills from a pharmacy that are prescribed to a friend may cause you harm if you take them."

#### Store

The safest way to keep medicines stored is to lock them up where others cannot access them. Lock up medicines in a safe, cabinet or lockable box. Store refrigerated medicine in a lockable box, away from food items.

#### Monitor

Note the number of pills in bottles and pill packets, and keep track of use and refills. As your child gets older, supervise them as they start taking their own medicines. If your child or teen has a prescription for pain medicine, an adult should give them the proper amount as needed and track doses on a log. Some

1 of 2

#### To Learn More

- Ask your child's healthcare provider
- [seattlechildrens.org](https://seattlechildrens.org/seattlechildrens.org)

PandaCares.

**Center of Hope**  
POWERED BY PANDA EXPRESS ASSOCIATES AND FRIENDS



### Safe Medicine Storage And Disposal To Prevent Misuse

[https://www.seattlechildrens.org/globalassets/documents/health-and-safety/safe\\_medicine\\_storage\\_and\\_disposal\\_to\\_prevent\\_misuse\\_ce3327\\_4-20.pdf](https://www.seattlechildrens.org/globalassets/documents/health-and-safety/safe_medicine_storage_and_disposal_to_prevent_misuse_ce3327_4-20.pdf)

## Safety Checklist for Home

Use this checklist to help make your home a safer place for children. Share it with your child's caregivers, family and friends so their homes will be safer to visit.



### Water and bath safety

- Never leave a child alone in or near water, including in the bathtub.
- Place a non-skid mat or non-slip strips in the bathtub or shower.
- Keep the toilet lid closed, and use a lid lock.
- Store buckets empty and out of reach.
- Empty kiddie pools when not in use.
- Have your child wear a life jacket on boats, on docks and around lakes, rivers and the ocean.
- Fence all sides of swimming pools and hot tubs.

### Poisons

- Store medicine, cleaning products, dishwasher soap, detergent pods, makeup, button batteries, nicotine vials and other unsafe products out of reach or in a locked cabinet.
- Keep products in the bottles they came in.
- Buy products with child-resistant caps.
- Keep houseplants out of reach.
- Install a carbon monoxide detector on every level of your home, especially near all sleeping areas.
- Add the Poison Center number as a contact in your mobile phone and post it on your refrigerator or family board in your home: **800-222-1222**.

### Fire and burn safety

- Install a smoke detector on each floor and outside each bedroom. Change the batteries twice a year.
- Make a fire escape plan. Practice it.
- Place guards around heaters and fireplaces.
- Buy flame-resistant sleepwear for children.
- Keep matches and lighters out of reach.
- Make sure 1 window in each room is easy to use as a fire escape.
- Use "cool" night-lights. Keep them away from drapes and bedspreads.

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#### To Learn More

- [seattlechildrens.org/health-safety](https://seattlechildrens.org/health-safety)
- Your child's healthcare provider

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### Safety Checklist For Home

<https://www.seattlechildrens.org/pdf/Ce133.pdf>



# Thank you!

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