

Socio-psychiatric aspects of poisons management* (Annex C)

The psychosocial aspect of poisons management is usually complex and also depends on whether it is an act of attempted suicide or not. There is a difference between patients who have actually attempted suicide and failed in the attempt and those who have engaged in parasuicide or non-fatal deliberate self-harm.

While initial and immediate management of patients focuses on the medical problems caused by the attempt, precautions must be taken concurrently to ensure that the patient does not have the means to make a second attempt.

Besides a brief psychiatric history, a social history must be taken to identify social problems that triggered the attempt to self harm. However, it is not easy to assess such patients as they can remain uncommunicative and even hostile.

The Suicide Intervention Handbook* suggests guidelines that can help you to identify “Invitations to Help”. These signs and indications essentially help you to ways to activate follow up. Referrals could be made to the Medical Social Worker in the hospital or a Family Service Centre in the community.

* Ramsey RF. Suicide Intervention Handbook. LivingWorks Education Inc.,1999.
* Refer to Annex C on Socio-psychiatric aspects of poisons management, MOH Clinical Practice Guidelines on Management of Poisoning (2011).

“Invitations to Help” can be identified as you are attending to the patient’s immediate needs. You can look out for these invitations using this guide:

Learn about	Situations	Relationship problems, work problems / failing grades, trouble with the law, recent suicide and violence much publicized, almost anything else, depending on how the person feels about it.
Ask about	Physical changes	Lack of interest / pleasure in all things, lack of physical energy, disturbed sleep, change / loss of sexual interest, change / loss of appetite, weight, physical health complains.
Observe	Behaviours	Crying, emotional outbursts, alcohol / drug misuse, recklessness, fighting / law breaking, withdrawal, dropping out, prior suicidal behaviour, putting affairs in order.
Listen for	Thoughts	Escape, no future, guilt, alone, damaged, helpless, preoccupied, talk of suicide or death, planning for suicide.
Sense	Feelings	Desperate, angry, sadness, shame, worthlessness, loneliness, disconnectedness, hopelessness.

When you observe behaviours that imply a cry for help, you can refer to these “Ways to Explore Invitations” for help:

Stress	A person’s interest in talking about life events could be an invitation to help prevent suicide. <ul style="list-style-type: none">Disruptive life events, particularly those experienced as an intolerable loss, may be accompanied by thoughts of suicides.A loss that seems trivial to an adult can be a life-threatening crisis for an adolescent.	To determine the severity of a life event, ask about the person’s feelings about and view of the loss. “How are you feeling about the things that have happened to you?”
Reactions	Changes in behaviour, physical condition, thoughts or feelings can be invitations to help. The more those symptoms convey themes of hopelessness, helplessness and isolation, the greater the likelihood that thoughts of suicide may be involved.	To find out if this theme is present, ask the person. “Sounds like you might be feeling hopeless (helpless, alone) right now, is that correct?”
Thoughts of Suicide	Thoughts of suicide are the clearest invitations to help prevent suicide. These thoughts may not be directly or openly stated. When they are, they are often stated in a roundabout or indirect way.	To find out if a person is thinking about suicide, ask: “Are you thinking about suicide? Are you planning on killing yourself?”

Once you identify a suicide risk, do a “Risk Review” by asking the following questions:

Current Suicide Plan	A suicide plan includes choice of a method, preparation to carry out the plan, and a timeframe for completing the act. When asked directly, most people who are thinking about suicide will openly and honestly share the details of their plans. The more detailed the plan, the greater is the risk that the plan may be carried out. If the person will not tell you the details of this plan, assume that he has planned in great detail.	“Have you thought about how and when you would do it? What have you done about carrying out your plan?”
Pain	People with intolerable pain are desperate to end it. Desperation causes anything that might relieve the pain, including suicide, to happen more quickly. Persons who feel less pain or who believe that they have more ways to control their pain is less likely to act quickly. Ask about the person at risk’s view of their pain.	“Do you have pain that at times feels unbearable?”



Resources	Personal support systems can sustain an individual in times of great personal troubles. Resources might include a satisfactory job; adequate finances; a place to live; caring family or friends; access to psychological or medical help; or memberships in churches; clubs or other social institutions. Supportive resources can effectively lower the risk of suicidal behaviour. The absence of supportive resources can greatly increase the risk of suicide. The person most at risk is someone who is feeling alone and unconnected to others.	“Do you feel you have few, if any, resources?”
Prior Suicide Behaviour	People who have previously tried to kill themselves are 40 times more at risk of suicide than someone who has never tried before. A prior attempt means that suicide is familiar to the person. Familiar things are more likely to be done again.	“Have you ever attempted suicide before?”
Mental Health	Persons with a history of mental health problems or those suffering currently with a mental health problem are far more likely to die by suicide or to harm themselves than those who do not have these problems. If the person answers “yes” to the following question, assume that they are more vulnerable to suicide.	“Are you receiving or have you received mental healthcare?”





Resources / Helplines you can recommend for Crisis Situations			
Age Group	Organization	Contact	Available Hours
Elderly	Care Corner	1800 353 5800 www.carecorner.org.sg	10am – 10pm
	Singapore Action Group for Elders	SENIORS Helpline 1800 555 5555	Mon – Fri: 9am – 7pm Sat: 9am – 1pm
All	Samaritans of Singapore	1800 221 4444 www.samaritans.org.sg	24 hours
Mental Health	IMH Helpline	6389 2222	24 hours
	Singapore Association for Mental Health	1800 283 7019 www.samhealth.org.sg	Mon – Fri: 9am – 6pm
For Youths	Youthline	6336 3434	Mon – Fri: 9am – 6pm
	Teen Challenge	6346 9332	Mon – Fri: 10am - 5pm
	Touchline	1800 377 2752	Mon – Fri: 9am – 6pm
	Audible Hearts (by Health Promotion Board)	www.audiblehearts.sg	N.A.
For Children	Pregnancy Crisis Line	6339 9770	24 hours
	Tinkle Friend (12 years old & below)	1800 274 4788	Mon –Fri: 9.30am – 11.30am 2.30pm – 5pm

Resources for industrial chemical exposure*
(Annex D)

- (I) **Useful sources of information to assist diagnosis and management**
- Useful websites:**
- Medical management guidelines for acute chemical exposures:
<http://www.atsdr.cdc.gov/MMG/index.asp>
 - General industrial health information on chemicals for workers, employers and occupational health professionals: <http://www.cdc.gov/niosh/npg/>
 - Recognising toxic effects of chemicals from pictograms in Safety Data Sheets (SDS) and labels: <http://www.unece.org/trans/danger/publi/ghs/pictograms.html>

Common Globally Harmonized System (GHS) pictograms for identification of chemical hazards

GHS pictograms	Hazard Class	Example
	<ul style="list-style-type: none">Flammable gas / solid / liquidPyrophoricSelf-reactive	<ul style="list-style-type: none">HydrogenAcetyleneTolueneXyleneEthanol
	<p>Oxidizers:</p> <ul style="list-style-type: none">Oxidising gas / solid / liquid	<ul style="list-style-type: none">Hydrogen PeroxideNitric acidSulfuric acid

	Health Hazard <ul style="list-style-type: none">Acute Toxicity (Severe)	<ul style="list-style-type: none">Hydrogen CyanideHydrogen sulfideHydrochloric acidToluene
	Corrosives: <ul style="list-style-type: none">Skin corrosionEye irritationCorrosive to metals	<ul style="list-style-type: none">Hydrochloric acidNitric acidSulfuric acidSodium HydroxideHydrogen Peroxide
	Warning: <ul style="list-style-type: none">IrritantSkin sensitizerAcute Toxicity (Harmful)Narcotic effects	<ul style="list-style-type: none">AcetyleneXyleneBenzeneTrichloroethylenePerchloroethylene
	Health Hazard: <ul style="list-style-type: none">CarcinogenRespiratory sensitizerReproductive toxicityMutagenicityTarget organ toxicity	<ul style="list-style-type: none">BenzeneTrichloroethylenePerchloroethyleneAsbestos

(II) **Relevant legislation**

- Workplace Safety and Health Act 2006 and subsidiary regulations
 - Protection of safety, health and welfare of persons at work in workplaces.
- Work Injury Compensation Act
 - Provides a low-cost expedient compensation system that is an alternative to claiming for damages under the common law.

Website: <http://www.mom.gov.sg/legislation/occupational-safety-health/Pages/default.aspx>

Notification of workplace accidents, incidents and occupational diseases to Ministry of Manpower under the Workplace Safety and Health Act (WSHA) and Work Injury Compensation Act (WICA).

A registered medical practitioner who fails to notify the Commissioner for Workplace Safety and Health within 10 days of diagnosing an occupational disease is guilty of an offence and is liable on conviction:

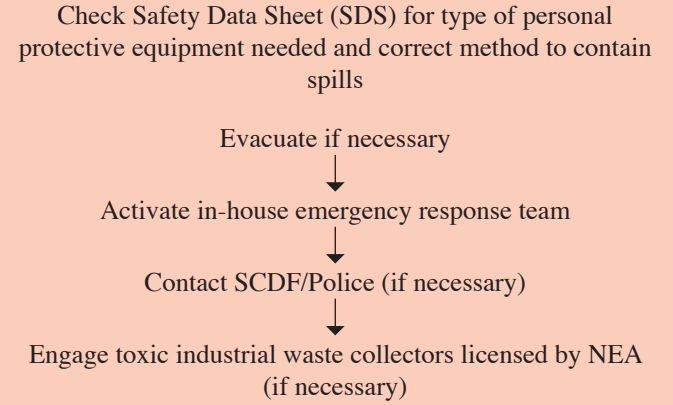
a) For 1st offence, to a fine not exceeding \$5000

b) For 2nd or subsequent offence, to a fine not exceeding \$10,000 or imprisonment for a term not exceeding 6 months or to both.

FOR OCCUPATIONAL DISEASES:	FOR FATAL ACCIDENTS AND DANGEROUS OCCURRENCES WHICH REQUIRE IMMEDIATE NOTIFICATION:
Doctor and employer to submit the notification report electronically within 10 days of diagnosis at http://www.mom.gov.sg/iReport for following diseases:	Employer to notify the Commissioner immediately, by phone or fax: Tel No: 6317 1111 Fax No: 6317 1261
a) Poisoning from any of the following chemicals: <ul style="list-style-type: none">AnilineArsenicBenzeneBerylliumCadmiumCarbamateCarbon bisulphideCyanideHalogen derivatives of hydrocarbon compoundHydrogen sulphideLeadManganeseMercuryOrganophosphatePhosphorus	Notification should include the following information: <ul style="list-style-type: none">Date and time of the accident/ incident;Place of the accident/ incident;Name and identification number of the injured/ deceased, if any;Name of the employer and occupier;Brief description of the accident/ incident; andYour name and contact details.

b) Other occupational diseases: <ul style="list-style-type: none">Chrome ulcerationEpitheliomatous ulcerationOccupational asthmaOccupational skin diseaseToxic anemiaToxic hepatitisMesothelioma	
For all suspected cases: <ul style="list-style-type: none">If urgent, call 6317 1111.If non-urgent, refer to<ul style="list-style-type: none">(1) Toxicology Consultation Clinic, Changi General Hospital Tel No: 6850 3333(2) Occupational Health Clinic at:<ul style="list-style-type: none">Geylang Polyclinic Tel No: 6547 6922;Hougang Polyclinic Tel No: 6496 6600; orJurong Polyclinic Tel No: 6355 3000	

(III) **In the event of spills in the clinic**



(IV) **Useful local contact numbers**

	Tel No.	Webpage address
In-house emergency response no.		
SCDF	995	
Police	999	
Ministry of Manpower – Occupational Safety and Health Division	6317 1111	http://www.mom.gov.sg/iReport
Health Science Authority – Analytical Toxicology Laboratory	6213 0740	http://www.hsa.gov.sg/publish/hsaportal/en/applied_sciences/Illicit_Drugs_Toxicology/Analytical_Toxicology_Laboratory.html
Geylang Polyclinic	6547 6922	
Hougang Polyclinic	6496 6600	
Jurong Polyclinic	6355 3000	
Changi General Hospital – Toxicology Consultation Clinic	6850 3333	http://www.cgh.com.sg/Medical_Specialities/Medical_Services/Pages/AccidentEmergency_toxicology.aspx
List of Toxic Industrial Waste Collectors licensed by NEA		http://app2.nea.gov.sg/data/cmsresource/20090316562565217318.pdf

(V) **List of Toxicology Laboratories**

<http://www.mom.gov.sg/workplace-safety-health/worker-workplace-surveillance/workers-health-surveillance/Pages/default.aspx>

* Refer to Annex D on Resources for industrial chemical exposure, MOH Clinical Practice Guidelines on Management of Poisoning (2011).