MEETING LOG

PRODUCT: Liquid Laundry Packets

SUBJECT: Post-Implementation of the ASTM Standard Report

LOCATION: *(American Cleaning Institute*

DATE:June 12, 2018

ENTRY DATE:7-2-2018

LOG ENTRY SOURCE: Adrienne Layton

COMMISSION ATTENDEES: Adrienne Layton, Stephen Hanway

NON-COMMISSION ATTENDEES: Refer to meeting log

MEETING SUMMARY: This post period surveillance report describes the 10,796 unintentional-general exposures to liquid laundry detergent packets in children <6 years of age reported to the National Poison Data System (NPDS) between 01 January 2017 and 31 December 2017. Most of these exposures involved children <4 years of age. Approximately one-third of all liquid laundry detergent packet exposures involved healthcare facility (HCF) treatment, with 94% of exposures that received HCF treatment being released without admission. In total, 2% of exposures resulted in HCF admission. Most exposures were followed to a known outcome, with minor effects being reported in 43% of all exposures. Severe medical outcomes were reported in 0.2%
of all exposures. Exposures involving children <2 years of age were associated with higher percentages of HCF admission and severe medical outcomes. While the most common route of exposure to a liquid laundry detergent packet was ingestion, aspiration (with ingestion) and ocular routes of exposure were associated with more severe medical outcomes. Regardless of severity of the outcome, product storage was most commonly cited as a contributing factor to the exposure.
There were no fatalities reported during the post period.
Rates were evaluated cumulatively and over time using the US population <6 years of age and sales data for all exposures, exposures involving HCF treatment, exposures involving HCF admission, and exposures resulting in severe medical outcomes. These rates are summarized in Table 24. Rates of exposures calculated by adjusting for the US population indicate that approximately 45 children per 100,000 US children <6 years of age were exposed to a liquid laundry detergent packet during the post period. When the rate of exposure was adjusted for product sales, approximately 2 exposures

occurred for every 1,000,000 units (i.e., packets) sold. Rates of exposures resulting in severe medical outcomes (major effect or death) adjusted for the population and for product sales were approximately 8 exposures per 10 million US children <6 years of age and 4 exposures per every 1,000,000,000 packets sold. Consistent with previous reports, exposures were reported in an apparent seasonal trend with decreases in the fall months (4th quarter). As sales remained consistent over the post period, rates corresponded to trends in exposures with peak rates occurring in June or 2nd quarter and the lowest rates occurring in December or 4th quarter."

Although the ingestions went down from 9,248 to 8,881` and there was a 50% decrease in aspiration rate, the dermal exposures increased from 1047 to 1798 and the ocular exposures increased from 1357 to 2362. The severity of the ocular exposures is not known at this time.
A new task group is being formed to address the attractiveness of the packets (teens), the formulation and the senior exposures.