NATIONAL PROTOCOL FOR MEDICAL EVALUATION OF CHILDREN FOUND IN DRUG LABS

IMMEDIATE STEPS ON-SITE

LAW ENFORCEMENT

1. Identify chemicals present
2. Clan lab certified & DEC trained personnel to photograph living conditions and collect evidence
3. Submit data to EPIC and to appropriate databases

LAB SITE

DECONTAMINATION per local protocol when medically stable

MEDICAL FACILITY

1. Perform Medical Assessment/Screening as per status 1, 2, 3 in Emergency Department
2. Collect Urine via Chain of Custody within 12 hours after removal

PLACEMENT per local protocol

CHILD PROTECTIVE SERVICES

If explosion, obvious chemical exposure, active lab, or child appears ill
TRANSFORM IMMEDIATELY VIA EMS

Emergency Department
1. Neurological status
2. Respiratory status: O2 sat, CXR
3. Blood: CBC, Chemistry panel, LFT’s, BUN/Cr
4. Urine toxicology via chain of custody

LAB SITE

Developmental & mental health assessment

Within 72 hours
Conduct Forensic Interview jointly with CPS

Follow-up

LAW ENFORCEMENT

PLACEMENT per local protocol

1. Complete Medical evaluation: Hepatitis B, C panel if elevated LFT’s
2. Dental examination
3. Developmental and Mental Health Evaluation

Follow-up

Update databases

Follow-up: Within 30 days, 6 mos, 1 year

1. Identify all siblings and obtain tracking information
2. Gather medical history
NATIONAL PROTOCOL FOR MEDICAL EVALUATION OF CHILDREN FOUND IN DRUG LABS

PERSONNEL DECONTAMINATION
Decontamination of the children should occur prior to transport to the medical facility as medically appropriate. Removal of clothing, cleansing of the skin and hair and new clothes are the minimum requirements of decontamination.

LAW ENFORCEMENT
Immediate
1. Document the quantity and types of chemicals present and document how found i.e. uncapped, in tin cans, so that the exposure of the child can be determined. Document the condition of the home. Document odors and state of lab (actively cooking, decanting stage, drying stage etc.) Document the people at the scene and those who also reside in the home.
2. Personnel on scene should be both clan lab and DEC certified in order to be able to accurately collect, document and photograph the scene as to aid in the child endangerment prosecution i.e. height of chemicals, location of drugs, general state of children, guns, pornography.
3. Collect and submit all the required data for EPIC and/or other data base collection.
4. Transport child as per local DEC protocol in conjunction with CPS.
Within 72 hours
1. There may have been other children in the family or home who were not present at the time of the seizure. All children who have lived in the home will need to be examined and their information collected for tracking.
2. The medical histories of the children need to be investigated and documented.

CHILD PROTECTIVE SERVICES
Immediate
1. Assist law enforcement in the collection and documentation of the scene from the child’s perspective. Decide who will photograph scene.
2. Transport child as needed to facility as designated in your local DEC protocols.
3. Placement of children in a safe environment as per local protocol.
Within 72 hours
1. A complete medical evaluation as needed based on the exam done at the first evaluation.
2. Blood test if not done on the earlier exam.
3. Hepatitis B, C panels as indicated if LFT’s elevated.
4. Developmental evaluation using an age appropriate standardized tool.
5. Mental health evaluation.
6. Dental evaluation.

Follow-up
1. Update databases as needed.

EMERGENCY ACTIVATION
Transport immediately to the ED by emergency personnel if there is an explosion, active chemicals at the scene or the child appears ill i.e. fast breathing, obvious burns, lethargy or somnolence.

MEDICAL PERSONNEL
Immediate
1. Head to toe exam of the children within 2 to 4 hours to ensure medical stability and document any acute findings that might need treatment or change over time. This may occur in an ED, physician’s office or by EMT’s on scene. This should include but not be limited to a good pulmonary exam, skin exam, neurologic exam and affect (scared, happy, detached). May include observations by EMT’s, RN on scene or other personnel to document the affect of the children.
2. Blood tests to be obtained include a CBC (anemia, cancers, thrombocytopenias), Chemistry Panel to include BUN/Cr and LFT’s (kidney and liver damage, electrolyte imbalances). Can be done acutely or within 72 hours.
3. Collect urine for toxicology. This should happen as soon as possible but must occur within 12 hours for optimal results. Submit to a lab that screens and reports for the level of detection of the test not just at NIDA standards. Chain of Evidence forms may be utilized or usual medical protocols for urine toxicology screens may be followed.
Within 72 hours
1. A complete medical evaluation as needed based on the exam done at the first evaluation.
2. Blood test if not done on the earlier exam.
3. Hepatitis B, C panels as indicated if LFT’s elevated.
4. Developmental evaluation using an age appropriate standardized tool.
5. Mental health evaluation.

Follow-Up
1. Repeat medical evaluation in 30 days, 6 months and 1 year.
2. Follow up developmental evaluations as needed based on the initial evaluations.
3. Follow up mental health interventions and assessments as needed.

EMERGENCY DEPARTMENT
1. Complete medical evaluation to assess acute medical needs.
2. Specific attention to the pulmonary exam as the chemicals can cause acute respiratory problems. RR’s, O2 saturation and a CXR in the symptomatic child are the minimum required.
3. Blood tests as needed in addition to a CBC, Chemistry Panel to include BUN/Cr and LFTS.
4. Collect urine for toxicology. This should happen as soon as possible but must occur within 12 hours for optimal results. This should be submitted to a lab that screens and reports for the level of detection of the test not just at NIDA standards. Chain of Evidence forms may be utilized or usual medical protocols for urine toxicology screens may be followed.

Follow-Up
1. Update databases as needed.
2. Follow up mental health interventions and assessments as needed.
3. Follow up developmental evaluations as needed based on the initial evaluations.

Final 6/2004