

INDIANA DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

Procedures for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found to be living in meth labs or homes.

Drug Endangered Children are children under age 18 found to be living in homes: (a) with caregivers who are manufacturing methamphetamine in/around the home ("meth labs") or (b) where caregivers are dealing/using methamphetamine ("meth homes"). Meth labs and certain meth homes fall within Indiana's statutory definition of child abuse/neglect.

A	INITIAL DISCOVERY: REMOVAL OF CHILDREN FROM OPERATIONAL METH LABS Appropriate Responder: Law Enforcement Authority (LEA) For the purposes of this protocol, a meth lab is considered operational when the chemicals and/or equipment used to make methamphetamine are present, regardless of whether the lab is actively "cooking" or not. <ol style="list-style-type: none">1. Only OSHA-certified LEA will enter a known meth lab. Any other responders who are in a home and begin to have suspicions that a meth lab is present will exit immediately without alarming the suspects; contact LEA (call 9-1-1); request immediate dispatch; and give details about the scene (weapons, odors, number of people inside, chemicals, equipment, etc.).2. No one other than OSHA-certified LEA will remove adults/children from a home that contains a meth lab. This is for the safety of everyone involved; uncertified responders may inadvertently set off an explosion. The chemicals used to make meth are highly volatile. Labs are often guarded by firearms, traps, explosives and other hazards.3. Responders will contact DCS if a family case manager (FCM) is not already at the scene (call 800-800-5556 and request immediate dispatch; state that children have been found at a meth lab and state the number of children).4. Fire departments should use extreme caution if fire/explosion is occurring as water may ignite anhydrous ammonia and/or lithium and these chemicals are often present at meth labs.5. LEA will enter the lab wearing appropriate safety gear; (Refer to OSHA Standards 1910.132-137 (Personal Protective Equipment) secure the scene; and remove adults and children from the home.6. No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. If medications and eyeglasses must be removed, place in a sealed bag.7. LEA and DCS will determine if each child present lives in the home. Visiting children who do not reside in the home are not automatically considered victims of child abuse/neglect. DCS will work with LEA as needed to determine if the children will be returned to their caregivers or if out-of-home placements will be pursued. If returned home, caregivers will be given details of children's possible chemical/drug exposure and advised to seek appropriate health care for children.
B	INITIAL DISCOVERY: REMOVAL OF CHILDREN FROM METH HOMES Appropriate Responder: LEA, and if LEA gives clearance, additional responders <ol style="list-style-type: none">1. Any responder who discovers children living in a home where meth is being used/dealt and where the children have access to the drug or drug residue will contact LEA (call 9-1-1) and DCS (800-800-5556) and request dispatch to the scene.2. If while in the home, any responder other than LEA sees or smells any signs of a potential meth lab, he/she will exit immediately without alarming the suspects and contact LEA (see Procedure A above).3. Other responders may only enter the crime scene at the direction of LEA if it has been secured and determined safe by LEA.
C	PRELIMINARY MEDICAL ASSESSMENT OF CHILDREN Appropriate Responder: Medically-trained personnel Medically-trained personnel will do an initial assessment immediately upon removal of a child from a meth lab or home to determine whether the child is in need of emergency care. Refer to Indiana DEC Comprehensive Care Protocol for details.
D	EMERGENCY TRANSPORT OF CHILDREN TO MEDICAL FACILITY Appropriate Responder: Emergency Medical Services (EMS) If children have critical injuries, illness, or severe emotional trauma, transport to the Emergency Room (ER) immediately. If children were removed from a meth lab, call prior to arrival, alert of possible chemical contamination and follow ER procedures.
E	PHOTOGRAPHING AND DECONTAMINATION OF CHILDREN REMOVED FROM METH LAB Appropriate Responder: Any available, with consideration given to age and gender of child Unless a local community has a special response vehicle that is equipped with a shower, decontamination (a shower with warm water and soap) will usually occur after the child has been transported away from the scene (exceptions are made for children with gross contamination). Depending upon the circumstances, the child may be photographed and changed into clean clothing at the scene. See separate protocol, Indiana DEC Decontamination Protocol for guidance on making this decision. <ol style="list-style-type: none">1. Changing Clothing: If it is determined, by applying the guidelines of the Indiana DEC Decontamination Protocol, that it is appropriate and possible to change the child's clothing at the scene, the responder should take care to help the child do so in a way that minimizes trauma and maximizes privacy. This includes giving consideration to who helps the child undress.2. Photographing: (Should not be done at scene if child is in need of immediate transport for urgent medical attention) Photograph children in original clothing to document cleanliness and, if it is determined to be appropriate and possible to change the child's clothing at the scene, photograph any injuries that are exposed when the child is changing clothing.3. Protecting Responders and Transport Vehicles: If not appropriate/possible to change child's clothing at the scene, protect responders and response vehicles from minor chemical residue on child prior to transport by doing the following: Wear latex gloves; leave child in existing clothing; wrap child in blanket and/or lay a blanket or sheet over seat of transport vehicle.
F	OBTAINING URINE SAMPLE FROM CHILDREN WITHIN 12 HRS Appropriate Responder: Department of Child Services (DCS) or medical personnel A urine sample should be collected from all children who are removed from meth labs. For children removed from meth homes (where meth was being used/dealt but not manufactured), DCS should collaborate with LEA to determine whether a urine screen should occur, based on the likelihood of exposure, weighing such factors as the child's access to the drugs. Any urine samples must be collected within 12 hours of the child's removal to yield the most accurate results (for medical analysis and for evidence for prosecuting child endangerment). Consideration should be given to the age and gender of the child when determining who will monitor (and assist, if necessary) the child during this process. <ol style="list-style-type: none">1. If possible given specific circumstances, a DCS family case manager or medical personnel will collect a urine sample from the child at the scene. Collection at the scene should only happen without compromising child safety or privacy. Examples of other appropriate locations for urine collection are the local DCS office, a child advocacy center, medical facility, etc.2. Observe the following chain-of-evidence procedures: witness the collection of the urine; seal the container; label the container with the date, time, the child's name and the witness's name; sign the label.3. Follow local procedures for storing prior to delivery to lab for analysis.4. Order a urine screen that is quantitative for the level of meth (performed at 50 nanograms or lower with confirmatory results reported at any detectable level) and qualitative for drugs of abuse.
G	INITIAL FORENSIC INTERVIEW OF CHILDREN Appropriate Responder: Personnel trained in child-friendly forensic interview techniques The purpose of the interview is to determine basic information about the child's well-being and level of access to lab/drugs, etc. <ol style="list-style-type: none">1. If possible given specific circumstances, conduct a brief, preliminary forensic interview of child at the scene to ascertain:<ol style="list-style-type: none">a. Last meal eaten and who prepared itb. Last bathing and by whomc. How child feels physically and mentallyd. Is child aware if anyone in home smokes?e. If yes, what do they smoke?f. Anything in house that bothers the child?g. Other siblings living in the house who aren't home right now?2. Follow-up with a full forensic child interview within 48 hours of removal from meth home (see Procedure L Item 1).

<p>H</p>	<p>TRANSFER OF CHILDREN TO SHELTER Appropriate Responder: DCS</p> <p>Children found living in meth labs or homes are victims of child abuse/neglect. (For exceptions, see Procedure A, Item 7). DCS must intervene on behalf of these children and determine the appropriate services (including out-of-home placements for all children found in meth labs and certain children found in meth homes). If DCS is unable to respond to the scene of a meth lab in a timely fashion, any available responder should contact a local DCS office for the location of the nearest child advocacy center, emergency shelter, etc., and transport the child. Other responders may not release children to neighbors, relatives, etc. For any child for whom DCS determines an out-of-home placement is necessary, DCS will:</p> <ol style="list-style-type: none"> 1. Obtain child's birth and medical information from caregivers, if present, and serve notice of detention hearing. 2. Follow local procedures and take child to local DCS office, child advocacy center, or emergency shelter for care and supervision while out-of-home placement options are evaluated. 3. Assure child is decontaminated in a warm shower if not done previously (or see Item 4(d)(i) below). 4. Transport child to out-of-home placement and explain the following to the substitute caregivers: <ol style="list-style-type: none"> a. The child was removed from a meth lab or home and had exposure to: _____ (chemicals, drugs, etc.) b. The child must be taken to a medical facility by _____ (time) on _____ (date) for a complete pediatric physical exam that also includes a developmental, dental and mental health screen (time/date must be within 24 hours of removal from meth home). If any child exhibits signs of critical health problems prior to the exam, immediately transport to ER. c. The child will need additional exams/care within 30 days (See Indiana DEC Comprehensive Care Protocol) d. If the child was taken from an operational meth lab, the following will also be explained to the caregiver: <ol style="list-style-type: none"> i. If child has not been properly decontaminated, the caregiver should immediately bathe the child with soap and warm water. Any contaminated clothing and coverings used for transport should either be cleaned by washing separately from other clothing in hot water and laundry detergent or placed in the garbage in a closed plastic bag. ii. None of the child's personal belongings were removed from the home due to danger of chemical contamination.
<p>I</p>	<p>LOCATION OF OTHER CHILDREN Appropriate Responder: DCS</p> <ol style="list-style-type: none"> 1. Attempt to locate all other children known to live in the meth home who were not present at the time of the bust. 2. Arrange an initial child-friendly forensic interview to determine how many hours it has been since the children have been in the home and an initial medical assessment to determine whether children need of emergency care. 3. Coordinate the completion of all other appropriate steps contained in this protocol.
<p>J</p>	<p>DOCUMENTATION OF CHILD ENDANGERMENT Appropriate Responder: LEA</p> <ol style="list-style-type: none"> 1. The clandestine lab and/or anything else that can support a finding of child endangerment will be documented. The documentation should make clear the degree of the child's accessibility to chemicals, drugs and other dangers. Documentation will occur in writing, photos and/or video and will include any of the following risk factors: <ol style="list-style-type: none"> a. Visible evidence of children's presence, particularly proximity of children's belongings to chemicals b. Children's accessibility to drugs, drug residue, chemicals, syringes and drug paraphernalia c. Proximity of hazards to children's play and sleep areas d. Other hazards and indications of neglect e. Access to pornography f. Access to weapons g. Food quantity and quality h. Sleeping conditions i. Sanitary conditions 2. Document any surveillance equipment, weapons (note if loaded) and/or explosives (note if live). 3. Take measurements to document location of chemicals/equipment/drugs (will later be compared to child's height/reach). 4. Retrieve samples for forensic laboratory. 5. Interview neighbors and other witnesses as appropriate. 6. Dismantle meth lab (Should be done by personnel certified to dismantle clandestine labs).
<p>K</p>	<p>COMPLETE MEDICAL EVALUATION OF CHILDREN Appropriate Responder: Medical Doctor</p> <p>A complete medical evaluation must be administered within 24 hours of the child's removal from the meth lab or home. If a urine sample has not yet been collected, the complete medical evaluation should occur within 12 hours of removal from the meth lab or home and the urine collection should be part of the evaluation. If available, a primary care center, clinic, or other medical facility is preferable to an ER. Refer to Indiana DEC Comprehensive Care Protocol, Procedure C for details of evaluation.</p>
<p>L</p>	<p>PROSECUTION AND ADMINISTRATIVE FOLLOW-UP Applies to: LEA, DCS, prosecution, medical providers</p> <ol style="list-style-type: none"> 1. LEA and DCS will collaborate to complete a full forensic interview of the child. The interview should be conducted within 48 hours of removal in a child-friendly location by a professional who is trained in child-friendly forensic interview techniques. 2. LEA will complete a case report that includes autopsy reports, documentation of child endangerment, etc. 3. LEA will notify the local health department of all meth lab discoveries. 4. LEA, DCS and medical providers will coordinate the exchange of information contained in DCS intake/investigation report(s), medical report (including urine screen results), and LEA case report for prosecution purposes.
<p>M</p>	<p>FOLLOW-UP CARE FOR CHILDREN Applies to: DCS, medical/mental/developmental/dental health providers</p> <ol style="list-style-type: none"> 1. For children who are under the care and custody of the State of Indiana, a DCS family case manager will ensure that all follow-up medical, dental, mental health and developmental evaluations are occurring as needed and all necessary treatment is being provided to the child (see Indiana DEC Comprehensive Care Protocol). 2. DCS will collaborate with medical/mental/developmental health care providers to evaluate the adequacy and appropriateness of any out-of-home placements with regard to the needs of the children. 3. DCS will provide information on appropriate follow-up care to children's caregivers. 4. DCS will not allow child/parent visits (or reunification) to occur in homes that formerly housed meth labs unless clean-up has occurred according to Indiana Department of Environmental Management standards; See 318 IAC 1 for details.



Indiana State Department of Health

