



PROTOCOLS

**MEDICAL PROTOCOLS FOR CHILDREN FOUND AT
METHAMPHETAMINE LABSITES**

DUBUQUE, IOWA

This protocol is intended specifically as a guide for managing the health issues of children who are found at a methamphetamine lab site at the time of an investigation. Any child found in an environment where methamphetamine is made or used is at risk for toxicity. Children with symptoms consistent with methamphetamine exposure or ingestion must have an emergency medical evaluation as soon as possible.

Children found in these settings may also be at risk for various types of abuse or neglect, which should be addressed in a medical as well as human services evaluation. The ongoing safety of the child must be considered when making a judgment about the need for an acute assessment. Personnel involved with acute care assessment of children must be familiar with the signs and symptoms of child abuse and neglect, to include but not limited to chronic cough, skin rashes and red itchy eyes as a result of chemical exposure. Short-term effects consist of skin and eye irritations, burns and various respiratory ailments. Long-term effects include kidney, liver and spleen damage, respiratory difficulties, delayed speech and language skills and neurological damage. In addition, children living in these environments are at risk from fire, explosion, weapons, child abuse, neglect and poisonings.

These protocols are intended to serve as guidelines and are in no way intended to replace the expertise and judgment of treating health professionals.

FIELD MEDICAL ASSESSMENT PROTOCOL

The field medical assessment is done to determine whether children discovered at the scene of a methamphetamine lab are in need of emergency medical care. Medically trained personnel (VNA Nurse's or Paramedic's) must do the assessment.

1. For child with obvious injury or illness, call 911.
2. For all children who are not obviously critical, contact the Visiting Nurse's Association who will respond to the scene for medical assessment consisting of vital signs (temperature, blood pressure, pulse, respirations) and the Pediatric Triangle Assessment (airway, breathing and circulation).
3. VNA phone number- 556-6200 (office hours). After hours pager- 563-557-0269. VNA contacts – Kathy Ripple or Nan Collins.
4. Contact the Department of Human Services and request an investigator. DHS phone number- 557-8251. After hours – 557-8251.

5. Contact the Dubuque Fire Department and request the Haz-Mat truck to utilize as a mobile medical facility to be used for the examinations. If the truck is unavailable and no other suitable location exists at or near the scene, the children may be transported to the DLEC for the examination. Arrange transportation utilizing the DEC Vehicle.
6. A child's personal possessions should always be left at the scene to avoid possible chemical/drug contamination in other settings. It is necessary to remove a child's clothing, decontaminate the child in a minimally traumatic manner (such as warm water) and provide clean and appropriate attire prior to removing them from the scene.
7. The DEC vehicle is stocked with new clothing, diapers, etc to be given to the children as needed.
8. For life-threatening findings, seek immediate medical attention.
9. If there are no pressing clinical findings, the child is turned over to the Department of Human Services for placement.

IMMEDIATE CARE PROTOCOL

Immediate care must be provided as soon as possible after significant health problems are identified. Medical problems that cannot wait 24 hours are classified as immediate care situations. Immediate care may be provided in a hospital emergency room, or pediatric care facility depending on the severity/urgency and the time of day.

1. In the event that immediate care is determined by the VNA, transportation to a hospital emergency room must take place as soon as possible.
2. A urine specimen for toxicology screening should be collected from each child within 12 hours of identification.
3. Secure the release of the child's medical records.
4. Department of Human Services will evaluate placement options.
5. Follow baseline assessment.

BASELINE ASSESSMENT AND ONGOING FOLLOW-UP

The baseline assessment exam is done at a pediatric certified facility within 24 to 48 hours of a lab discovery to ascertain a child's general health status. Prompt medical assessment is warranted due to the risk of toxicological, neurological, respiratory,

dermatological, or other adverse affects of methamphetamine lab chemical and/or stimulant exposure, and the high risk of neglect/abuse.

Whenever possible, the child's own provider will provide the health services to enhance continuity of care. Follow-up assessments at 30 days and 12 months.

1. Obtain child's medical history.
2. Perform complete pediatric physical exam to include as much of the Early Periodic Screening, Detection, and Treatment (EPSDT) exam as possible. Pay particular attention to:

Neurological screen and respiratory rate

3. Call Poison Control if clinically indicated.

4. Required Clinical Evaluations:

Temperature

Liver function tests: SGPT, SGOT, Total Bilirubin and Alkaline Phosphates

Kidney function tests: BUN and Creatine

Baseline electrolytes: Sodium, Potassium, Chloride and Bicarbonate
CBC

5. If not done earlier, a urine specimen.

FOLLOW-UP CARE PROTOCOL

A visit for initial follow-up care occurs approximately 30 days of the baseline assessment to re-evaluate comprehensive health status of the child, identify any latent symptoms, and insure appropriate and timely follow-up services as the child's care plan and placement are established. At a minimum, a pediatric visit is required 12 months after the baseline assessment. Children considered to be Drug Endangered Children cases should receive follow-up services a minimum of 18 months post identification.

DHS/DDTF INVESTIGATION PROTOCOL

In the event that the Department of Human Services receives information regarding a child or children who are either living in a residence where drugs are used, sold or manufactured, an investigation will be conducted to determine the validity of the complaint. The following guidelines have been established for this type of investigation.

1. The DHS Investigator will contact the Dubuque Drug Task Force and advise them of the complaint.

2. A member of the DDTF will make arrangements to meet with the DHS worker and assist them with the welfare check.
3. The DHS worker will conduct the interview and determine what action, if any, should be taken, to include hair-stat tests, urinalysis, or child removal.
4. The DDTF Investigator will provide security and obtain any information needed to document the particulars of the investigation onto an Incident Report.
5. In the event the investigation is founded the DDTF Investigator will attempt to obtain enough information to find Probable Cause to file Child Endangerment Charges. Children need to be interviewed by personnel trained in the forensically correct method for children. Coordinate this process with DHS.

Law Enforcement
Child Protective Services
Medical Personnel

The Dubuque Drug Endangered Children Response Team was formed in 2004 with the help of a two-year, \$250,000 grant through the United States Department of Justice, Community Oriented Policing (COPS) Office.

The primary focus of the team will be to deal with those children living in homes where methamphetamine is used, sold and manufactured.

The participating agencies include the:

**Dubuque Drug Task Force
Dubuque County Sheriff's Department
Dubuque Police Department
East Dubuque Police Department
Dubuque Fire Department
Dubuque County Volunteer Fire Departments
Dubuque County Attorney's Office
Iowa Department of Human Services
Visiting Nurses Association**