

Finney County Drug Endangered Children Team Protocols

Mission Statement:

The mission of the DEC Team is to identify and protect drug endangered children, with the goal of improving outcomes for these children through the collaboration of the criminal justice system, law enforcement, child welfare and other community agencies.

Guideline Definition:

Drug Endangered Child (DEC): A DEC is a child who is found at a scene of illegal drug activity and has been exposed to an environment with the threat of contamination or hazardous lifestyle that results in abuse, life or health endangerment or neglect perpetrated on the child as a result of drug use, sale or manufacturing. A DEC is also an infant who tests positive for illegal drugs at the time of birth.

I. Initial Investigation

Upon determining that DEC are involved with a scene of illegal drug activity, law enforcement and/or SRS shall take the following steps:

- ❑ Law enforcement agents at a location where there is evidence of drugs, hazardous conditions, an unfit home and/or parents who are arrested immediately, will contact SRS as soon as possible. As much lead time as possible shall be given to SRS to allow for completion of history check and case review by the assigned social worker. The assigned social worker may attend a briefing with law enforcement prior to a response when it is known that children will be present.
- ❑ The DEC should immediately be taken into police protective custody (PPC) as provided in K.S.A. 38-1524 and K.S.A. 38-1527. It shall be the decision of law enforcement whether the DEC is returned to parents, placed with relatives or other out-of-home placement. In the event that a relative placement or other out-of-home placement occurs, a packet of information from the DEC Team shall accompany the DEC to his/her placement. Law enforcement shall consider referring aggravated endangerment of a child and/or endangerment of a child charges in addition to all drug-related charges, when appropriate.
- ❑ The welfare of the DEC inside the affected area shall be documented, specifically noting the DEC's appearance and demeanor. Photographs will be taken to document the DEC's appearance, including any injuries.
- ❑ Photograph and/or videotape the home including the relationship of the chemicals, drugs and/or lab to the DEC's area(s) and/or within reach of the DEC.
- ❑ Interview DEC, if appropriate, to include the following: information regarding the behaviors of the inhabitants in the home; the environment of the residence; and, any specifics regarding their knowledge of the usage, sale, delivery, distribution, prescription, administration, dispensation, and/or, manufacture of drugs. These statements shall be obtained outside the presence of suspects. If possible, this interview shall be conducted by a forensic interviewer and video-taped.

- ❑ Interview neighbors to ascertain if they have seen DEC unattended or in some kind of danger; and, what kind of contact they have had with the children.
- ❑ Interview parent(s) and/or care-giver(s) individually/separately and ascertain as much information regarding the situation as possible utilizing topics from previous sections and the following:
 - Who is the current and/or prior primary care physician for the DEC or if regular health care has occurred;
 - What kind of insurance/medical card/Healthwave does the DEC have;
 - Possible relative placements;
 - Obtain a medical release from the parents for the DEC's medical records;
 - Does DEC have any known medical conditions/allergies;
 - Are there any religious/cultural beliefs that need to be taken into consideration for the medical treatment of the DEC
- ❑ If appropriate, obtain reports from fire personnel:
 - If the lab or chemicals caught fire:
 - How quickly would the lab structure burn;
 - spread to residence area;
 - what would the survivor rate be
 - any escape routes
 - smoke detectors
 - fire walls
 - fire extinguishers
 - what "fire loading" debris contributes to the spread and danger;
 - How do the lab chemicals present contribute to the danger
 - What is the flammability of the chemicals.
- ❑ Within twelve hours of coming into PPC, obtain a urine sample of the DEC to be sent to the Sedgwick County Forensic Science Center. Within forty-eight hours of the child coming into PPC, contact the Finney County Attorney's Office to determine if testing of a hair sample is appropriate.
- ❑ If necessary, request EMS to respond and conduct a field medical assessment on the DEC; or, have DEC transported to Emergency Room of St. Catherine's Hospital.
- ❑ Obtain opinion of qualified health professional as to the likelihood of great bodily injury based on specific case.
- ❑ Exchange of information relevant to the case will proceed, as appropriate, to provide timely support to any child in need ;of care or criminal court action that arises.
- ❑ The County Attorney agrees to review and prosecute all appropriate cases where children are exposed to drugs and/or hazardous toxic materials involved in the clandestine manufacture of controlled substances

II. Follow-Up Investigation

SRS shall take the following steps:

- ❑ If DEC is under 36 months old contact Russell Child Development Center (RCDC) and/or contact Parents as Teachers (PAT) with USD-457 when DEC comes into PPC to determine if DEC is involved in early intervention programs.
- ❑ Obtain written consent/release from parent(s) to obtain an initial screen for the DEC or continue with services from RCDC and/or PAT.
- ❑ Obtain a report from RCDC and/or PAT to determine if DEC is delayed in any fashion.
- ❑ If they are currently or have previously provided services, RCDC and/or PAT shall also be notified if any members of their staff have been exposed to toxic materials.

Law Enforcement shall take the following steps:

- ❑ Follow-up with KBI and/or any other appropriate entity to determine test results for DEC.

SRS and/or Law Enforcement shall take the following steps:

- ❑ Prepare any follow-up reports and/or photographs and submit to County Attorney's Office as soon as possible.
- ❑ Interview other persons who have had contact with the DEC to include, but not limited to: teachers, friends, family members, or other professionals working with the DEC or have previously worked with DEC, to determine:
 - Any observations regarding the environment of the residence;
 - Any knowledge they have regarding the usage; sale; delivery; distribution; prescription; administration; dispensation; and/or, manufacture of drugs in the residence;
 - Any observations they have noted about DEC being in danger or left unattended;
 - Any developmental delays in DEC.

III. Medical Protocols

Upon determining that DEC are involved with a scene of illegal drug activity and require medical attention, HAZMAT, Law Enforcement, Fire, Emergency Medical Personnel, SRS and physicians shall complete the following tasks:

#1 FIELD MEDICAL ASSESSMENT PROTOCOL

The field medical assessment is done to determine whether children discovered at the scene of illegal drug activity and are in need of *emergency medical care*. Medically trained personnel (e.g. EMT or paramedic) must do the assessment. If no medical

personnel are available on-site, the child must be seen at a medical facility. In either case, a medical assessment should be done for each child *within 2 hours of discovering children at a methamphetamine lab site.*

#1 STEPS

- ❑ For child with obvious injury or illness, call 911 or other emergency number.
- ❑ For all children who are not obviously critical, perform field medical assessment consisting of:
 - ❑ Vital signs (temperature, blood pressure, pulse, respirations)
 - ❑ Pediatric Triangle of Assessment (Airway, Breathing, Circulation)
 - ❑ For life-threatening findings, seek immediate medical attention. (See Protocol #2) Transport to a facility capable of pediatric emergency response appropriate to findings.
- ❑ A child's personal possessions should always be left at lab 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 scene. (The child's clothing and belongings remain at the scene and are bagged as evidence.)
- ❑ If there are no pressing clinical findings, short-term shelter or other secure placement should be implemented by child welfare personnel.

#2 IMMEDIATE CARE PROTOCOL

When a DEC is found at the scene of illegal drug activity, the DEC shall be transported to St. Catherine Hospital's Emergency Room for Immediate Care. Immediate care must be provided as soon as possible after significant health problems are identified. If the DEC is located at a methamphetamine lab site, care should preferably be provided within 2 hours, but not later than 4 hours. Immediate care will be provided in the hospital emergency room.

#2 STEPS

- ❑ Perform the field medical assessment (follow Protocol #1 if not already done in the field).
- ❑ Administer tests and procedures as indicated by clinical findings. A urine specimen for toxicology screening should be collected from each child within 12 hours of identification because some chemicals/drugs are eliminated in a short time. Use appropriate chain of evidence procedures and request urine screen and confirmatory test results to be reported at *any detectable level*.
- ❑ Call Poison Control if clinically indicated (800-332-6633).
- ❑ Follow baseline assessment (see Protocol #3) if appropriate to medical site and time permitting or schedule baseline assessment exam to be completed within 24 hours of lab discovery.
- ❑ Secure the release of the child's medical records to all involved agencies to ensure ongoing continuity of care.
- ❑ Child welfare personnel should evaluate placement options and implement short-term shelter for the child in which they will be closely observed for possible developing symptoms.

#3 BASELINE ASSESSMENT PROTOCOL

The baseline assessment exam needs to be done within 24 hours of a DEC being identified and taken into police protective custody. This assessment will be completed at the St. Catherine Hospital's Emergency Room.

#3 STEPS

- ❑ Obtain child's medical history by calling parents directly for the information, or, if impossible, seek information from social workers who have taken the medical history or from the child's past medical record.
- ❑ Perform complete pediatric physical exam. Pay particular attention to:
 - Neurologic screen
 - Respiratory status
- ❑ Call Poison Control if clinically indicated (800-332-6633).
- ❑ Medical Evaluations to be conducted as deemed necessary by the attending physician:
 - Temperature (otic, rectal, or oral)
 - Oxygen saturation levels
 - Liver function tests: AST, ALT, Total Bilirubin and Alkaline Phosphatase.
 - Kidney function tests: BUN and Creatinine
 - Electrolytes: Sodium, Potassium, Chloride, and Bicarbonate
 - Complete Blood Count (CBC)
 - Chest x-ray (AP and lateral)
 - Urinalysis and urine dipstick for blood

If not done earlier, a urine specimen should be collected. This should be done **within 12 hours** of identification of the child because some chemicals/drugs are eliminated in a short time. Urine screen and confirmatory results should be reported at **any detectable level**.

Secondary Clinical Evaluations to be conducted as deemed necessary by the attending physician

 - Complete metabolic panel (Chem 20 or equivalent)
 - Pulmonary function tests
 - CPK
 - Lead level (on whole blood)
 - Coagulation studies
 - Carboxyhemoglobin level
- ❑ Refer for local (county department of social services/law enforcement) child abuse and neglect evaluation.
- ❑ Refer to Pediatric Physicians to conduct a developmental screen. This is an initial age-appropriate screen, not a full-scale assessment; may need referral to a pediatric specialist.
- ❑ Provide a mental health screen on all children and crisis intervention services as clinically indicated. These services require a qualified pediatrician or mental health professional and may require a visit to a separate facility.
- ❑ Secure the release of child(ren)'s medical records to involved agencies including child welfare worker.
- ❑ A sample of hair shall be collected from the child for possible testing. Law Enforcement and/or SRS shall contact the Finney County Attorney's Office to determine if hair testing will be conducted.

- ❑ *Note: Child welfare personnel may not have immediate legal access to certain health care records. Every effort should be made to facilitate transfer of medical records, by providing information about where, when, and to whom records should be transferred.*
- ❑ For any positive findings, follow-up with appropriate care as necessary. ALL children must be provided long-term follow-up care (see Protocol #5) using specified schedule.
- ❑ Long-term shelter and placement options should be evaluated and implemented by child welfare worker.

#4 INITIAL FOLLOW-UP CARE PROTOCOL

A visit for initial follow-up care occurs within 30 days of the baseline assessment to reevaluate comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up of services as the child's care plan and placement are established. If possible, the visit should be scheduled late in the 30-day time frame for more valid developmental and mental health results.

#4 STEPS

- ❑ Follow-up of any abnormal baseline test results.
- ❑ Perform developmental examination (using instruments such as the Denver, Gesell, and Bayley) as indicated by the developmental screen in Protocol #3.
- ❑ Conduct mental health history and evaluation (requires a qualified pediatric professional).
- ❑ If abnormal findings on any of the above, schedule intervention and follow-up as appropriate to the findings; then proceed with long-term follow-up protocol (see Protocol #5). If no abnormal findings, schedule visits per long-term follow-up protocol (Protocol #5).
- ❑ Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified if necessary.

#5 LONG-TERM FOLLOW-UP CARE PROTOCOL

Long-term follow-up care is designed to 1) monitor physical, emotional, and developmental health, 2) identify possible late developing problems related to the methamphetamine environment, and 3) provide appropriate intervention. At minimum, a pediatric visit is required 12 months after the baseline assessment. Children considered to be Drug Endangered Children (DEC) cases should receive follow-up services a minimum of 18 months post identification.

#5 STEPS

Required Components of Follow-Up Care

- ❑ Pediatric Care Visits. The visits should occur according to the American Academy of Pediatrics' schedule.
 - Follow-up of previously identified problems.
 - Perform comprehensive physical exam and laboratory examination with particular attention to:
 - Liver function (repeat panel at first follow-up only unless abnormal)
 - Respiratory function (history of respiratory problems, asthma, recurrent pneumonia, check for clear breath sounds).
 - Neurologic evaluation.
 - Perform full developmental screen.

- Perform mental health evaluation (requires a qualified mental health professional, pediatrician, licensed therapist, child psychologist or licensed child mental health professional).
- Plan follow-up and treatment or adjust existing treatment for any medical problems identified. Medical records should continue to accompany the child's course of care.
- Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified as necessary.
- Plan follow-up strategies for developmental, mental health or placement problems identified.

Optional Enhancements of Follow-up Care

- Conduct pediatric care visits including developmental screen and mental health evaluation at 6, 12, and 18 months post-baseline assessment.
- Conduct home visits by pediatrically trained PHN or other nurse, at 3, 9, 15, and 18 months post-baseline assessment. Ensure that home visits occur between the pediatric clinic visits until the last visit at 18 months.

The undersigned agencies hereby agree upon and adopt the Finney County Drug Endangered Children Team Protocol, this _____ day of April, 2005.

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