



## PROTOCOL FOR SUBSTANCE EXPOSED NEWBORNS AT BIRTH

1. Hospital social worker or nurse notifies SRS as soon as the child is found to be positive for illegal substances and/or a child in an at-risk environment related to substance abuse (on a weekend or after 5:00pm notify law enforcement). Hospital staff will provide appropriate documentation (lab results, social work notes, copy of DA directive) to either SRS or law enforcement as to why it is unsafe for the child to be discharged. This should be a same-day response.
2. SRS will write an application to the District Attorney's office for an ex parte order of custody. If law enforcement is the first agency notified, they will place the child into Police Protective Custody. A CINC report will be completed by law enforcement. Law enforcement will take a copy of the Protective Order to Juvenile Intake (JI). However, the child may remain in the hospital (justified as an unsafe discharge). The hospital needs a copy of the CINC report. Arrangements for picking up the child will be made by JI with appropriate paperwork reflecting temporary legal custody of the child.
3. If the child is to be discharged prior to the DA's office filing an ex parte order of custody and/or concerns arise, then hospital staff will contact law enforcement and the child will be placed in Police Protective Custody. A CINC report should be completed immediately.
4. All lab results will be forwarded to hospital social workers, pediatric hospitalists, and primary care physicians. It is the role of the physicians to forward these results (if positive) to SRS as soon as possible. If a child is discharged prior to urine or meconium lab results, any positive lab result will be forwarded to SRS by the hospital social worker and the primary care physician's office as soon as possible. SRS will submit an application to the District Attorney's office requesting a CINC or ex parte order, if the lab result was positive for illegal substances.
5. If the child is placed in Police Protective Custody, JI will attempt to coordinate with the hospital and law enforcement to have the selected resource family or available JI staff pick the child up from the hospital (Remember JI still needs a copy of discharge paperwork and *needs to provide a copy of the legal paperwork indicating their legal involvement*). If the child is in SRS custody then SRS or contracted agency will arrange to pick the child up from the hospital, preferably with the resource parents being present. If the child is in the NICU, the resource parents may participate in necessary baby care trainings separately from the biological parents. (It would be considered ideal if discharge trainings were available to resource families or the resource families could call for local contacts if they live out of county.)
6. If a child is born substance (SA) negative and mother of baby is SA positive (excluding meth because other protocol addresses this) the baby may be at risk for safe parenting. The nurses and social workers will be detailed in notes and make those available upon request to law enforcement or in the case of an SRS report.

7. Observations on SA positive infants are a part of the nursing notes routinely. Measures such as the Neonatal Abstinence Screening are completed by nursing staff in the hospital when baby meets criteria and that information can be made available when requested. Hospital staff will complete the front and back sides of the Interagency Form and/or other appropriate forms in order to make this available to the appropriate agencies. When possible, the hospital staff will have parent(s) sign consent to evaluate the SA positive infant. The nursing notes will list the person/agency to whom the baby has been discharged.
8. KVC and TFI agencies currently coordinate signatures from biological parents for Part C services. A list of services will include a developmental screening and will be listed on the case plan. The parent under the supervision of the case manager will refer the child to local Part C providers for developmental screenings.
9. Each hospital will use their own procedures to refer to Home Visitation services only if the parent agrees to the referral.
10. If the infant is placed in the NICU, the NICU staff representative will coordinate with the Part C representative to acquire permission for services from biological parents. Social workers or a Birthplace representative might also coordinate with Part C representative upon permission from the parent for Part C services.

Addendum of Acronyms:

CINC=Child in Need of Care

JJ=Juvenile Intake

SRS=Social & Rehabilitative Services

NICU=Neonatal Intensive Care Unit

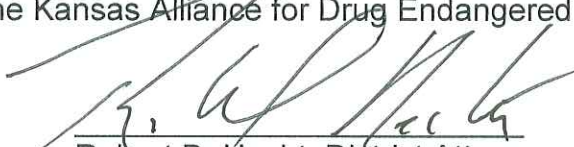
LEO=Law Enforcement Officer

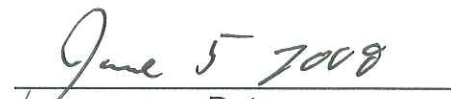
PART C=Legal entity of Educational Mandates dealing with birth to 3 years of age  
(name can be different in each county (ex: Shawnee Co. Infant-Toddler))

SA=Substance Abused/Exposed

DA=District Attorney

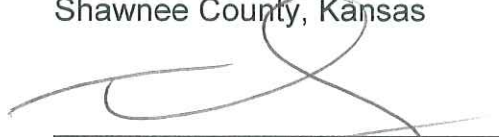
I agree with the above listed provisions as it pertains to the agency I represent and fully support the Kansas Alliance for Drug Endangered Children-Shawnee County.

  
 Robert D. Hecht, District Attorney  
 Shawnee County, Kansas

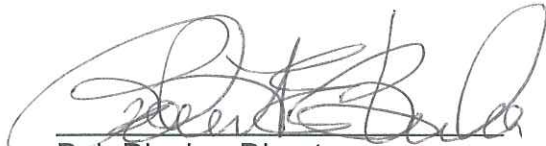
  
 Date

  
 Richard Barta, Sheriff  
 Shawnee County, Kansas

  
 Date

  
 Norton N. Bonaparte, Jr.  
 City Manager

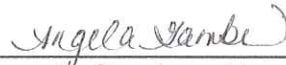
  
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Bob Blecha, Director  
Kansas Bureau of Investigation

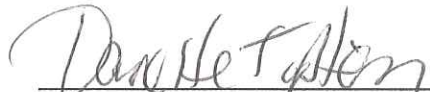
5 June 2008  
Date

  
Betsy Thompson  
Social and Rehabilitation Services-  
Northeast Regional Director

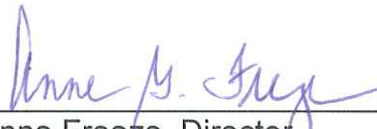
6-5-08  
Date

  
Angela Gamber, Emergency Dept.  
Director  
Stormont-Vail Regional Health  
Center

6/5/08  
Date

  
Danette Tipton, Director  
Shawnee County Family Resource  
Center/Juvenile Intake and Assessment  
Services

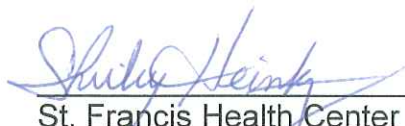
6/5/08  
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Anne Freeze, Director  
Shawnee County Health Agency

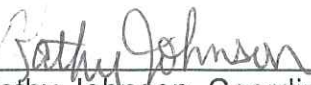
6/5/08  
Date

  
Sabra Shirrell, Director  
Successful Connections

6/5/08  
Date

  
St. Francis Health Center  
Representative

6/5/08  
Date

  
Kathy Johnson, Coordinator  
Shawnee County Infant-Toddler Services

6/5/08  
Date