

# **Drug Endangered Children Task Force**

## **Norton County DEC Protocol**



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### I. Definition

A drug-endangered child (DEC) is a child who has been exposed to an environment with conditions of contamination or hazardous life style that result in abuse, life or health endangerment, or neglect perpetuated on the children as a result of illicit drug use, sales, or manufacturing. A criminal violation threshold is met when elements of the contamination of hazardous life style meet the criteria of Kansas Statutes.

### II. Introduction

Clandestine methamphetamine manufacturing and distribution has created a public health and safety crisis for the residents of Kansas. Despite increased law enforcement efforts, methamphetamine manufacturing continues to grow at an alarming rate. Chemicals used in the manufacture of methamphetamine and other illegal drugs can be poisonous, corrosive, carcinogenic, flammable, and/or explosive. The drugs and chemicals

present in methamphetamine and other drug labs are often easily absorbed by the body and/or breathed in as vapors. These chemicals often contaminate items in their vicinity, which can result in the need for disposal of contaminated items such as carpeting and furniture to ensure the remediation of a hazardous environment. The risk to children at these locations is extremely high. Prior to the creation of this program there had been no collaborative efforts to address the needs and problems relating to drug endangered children in Northwest Kansas.

### **III. Mission**

The mission of the Drug Endangered Children Task Force is to identify and protect drug endangered children and to identify, provide, and improve services to them utilizing the criminal justice system, law enforcement, child welfare, and other community agencies with the goal of improving outcomes for these children. The program also seeks to deter methamphetamine production in the presence of children by arresting and prosecuting all manufacturers and their accomplices who manufacture methamphetamine in a manner that endangers children.

### **IV. Purpose**

In the interest of protecting children found in or near methamphetamine laboratories, the Drug Endangered Children Response Team project has developed a multi-agency cooperative effort involving the:

- Norton County Attorney's Office
- Norton County Sheriff's Office
- Norton Police Department
- Social and Rehabilitation Services
- Northwest Kansas Juvenile Services
- USD #211
- Norton County Emergency Medical Services
- Norton County Hospital

These agencies will work in a collaborative effort to facilitate a coordinated response to promote the health and safety of children found in methamphetamine laboratories or places where drugs are kept or sold.

#### **V. Project Goal**

The primary goal of the DEC Team is to establish a multi-agency methodology for the appropriate diagnosis and treatment of children who have been exposed to the chemicals used to manufacture methamphetamine or other illegal drugs in a clandestine laboratory setting, and to provide any relevant information in the prosecution of all individuals responsible for endangering children. Appropriate diagnosis and early treatment are imperative so that the mental and physical needs of these children are effectively addressed.

DEC member agencies will work closely together to improve the relationship and cooperation between organizations and to train local law enforcement agencies in the successful DEC case investigations and response. Statistical information is kept by both, law enforcement, NWKJS, and SRS in order to establish a data base for tracking these children, the services provided, and case outcomes.

#### **VI. Project Policy Statements**

The Norton County DEC Team will utilize a multi-disciplinary approach to best meet the needs of drug endangered children and enhance cooperation through a collaborative, team building effort involving all agencies – law enforcement, SRS, emergency medical services, mental health, substance abuse, and prosecution. If any of the children become dependants of the Juvenile Court through Child in Need of Care proceedings, SRS will recommend an appropriate treatment plan and suitable placement of the children as required.

## **VII. Composition of the DEC Team**

### **DEC Team Implementation Managers:**

1. Karen Griffiths, Norton County Attorney's Office – Prosecution
2. Law Enforcement
3. Child Services – SRS

### **Norton County Attorney - Prosecution**

The Norton county Attorney's Office will review and prosecute all cases where children are exposed to drugs or hazardous toxic materials and there is determined to be sufficient evidence for criminal prosecution. The County Attorney's Office will assist in convening periodic meetings of the DEC team that will assist in the preparation, review and modification of a countywide protocol for DEC cases.

### **Law Enforcement**

Norton County Law Enforcement assisted by the North Central Kansas Drug Task Force or the KBI will respond when a methamphetamine lab is located. They will assist in the investigation, collection of evidence, and preparation of the case for prosecution, including relevant reporting of all issues regarding child endangerment. Law Enforcement personnel will advise and assist local agencies in taking photographs, collecting evidence, preparing and serving search warrants, confiscating the clothing of children and replacing clothing as part of the evidentiary collection process, as well as testifying in court. Upon first being notified of a methamphetamine seizure where a child is located, Law Enforcement will immediately notify SRS that contaminated children or suspected contaminated children at a seized lab have been detained on site by the investigating officer or the Law Enforcement agent and placed into clean clothing until the arrival of SRS. Juvenile Intake and Assessment will be notified at this time and will be advised of the location and condition of the child.

### **EMS**

If necessary, Norton County EMS will respond to methamphetamine or other drug laboratories where children are present. Emergency Medical Technicians (EMT's) or Law Enforcement Officers trained and certified as

EMT's will assess the medical and contamination condition of the children, provided medical care if necessary, and transport the children to the hospital for a medical assessment. Decontamination of the child will occur at the scene prior to the transportation of the child to the hospital. EMT's will make all reports available for the preparation of trial.

## **SRS**

SRS/DEC will respond to the location of the child and, if necessary, will ride with the child and law enforcement when the child has been assessed and found not to be obviously contaminated. In the event the child is or may be chemically contaminated, Law Enforcement agents and EMS will decontaminate the child and EMS will transport the child to the appropriate medical facility for medical evaluation. The EMS team will evaluate the child for any acute symptoms of chemical exposure and determine whether the child needs emergency medical care. If necessary, Law Enforcement and SRS/NWKJS personnel will place the child into clean clothing at the scene, and the clothing of the child will be retained as evidence.

## **VIII. Operational Procedure**

Notification – Whenever a child is found in a methamphetamine or other drug laboratory, the child will be removed to a safe location away from the lab site. The law enforcement officer will ensure that contact is made with SRS, which in turn will contact the designated social worker. In the event that a child is contaminated, decontamination will occur immediately. The child then shall receive immediate medical attention and be transported to the hospital for appropriate testing.

Crime scene processing and child intervention – The Law Enforcement agent will process the methamphetamine or other drug lab pursuant to the guidelines established by the KBI and the Kansas Department of Health and Environment. The child will be removed from the scene and placed in a safe location while awaiting SRS/DEC. After receiving the necessary medical evaluation and care, a forensic interview will be scheduled for the child. An interviewer will conduct the interview. All photographs that pertain to child endangerment filings will be shared with SRS to support sustained allegations of child endangerment in the CINC hearings.

## **IX. Interviewing of Victims, Witnesses, and Parents**

Law Enforcement and the investigating officers will conduct preliminary interview of witnesses and parents at the scene whenever possible. A law enforcement officer will schedule an interview with the child victim in a timely manner, usually within seventy-two (72) hours. The DEC team members will be cognizant of the children's needs and will make every effort to minimize any trauma to these children.

## **X. Procedure for Examination and Testing of Victims**

While at the scene, every effort should be made to obtain medical releases signed by the parents or caregivers to assist in obtaining medical histories and to assist in the medical exam.

### **Norton County Hospital**

#### **1. Immediate and Baseline Care.**

**Purpose:** The medical assessment is to be preformed by medically trained personnel for children discovered at the scene of a drug laboratory seizure. These children will receive immediate evaluation, treatment and follow up. This assessment should be completed within 2 hours of children found at a methamphetamine lab, but no later than 4 hours.

- A.** For life threatening findings initiate immediate life saving procedures per hospital protocol. Prompt medical assessment is warranted due to the risk of toxicological, neurological, respiratory, dermatologic or other adverse affects of methamphetamine lab chemical and/or stimulant exposure, and the high risk of neglect/abuse.
- B.** If patient has gross chemical/drug contamination it will be necessary to remove the child's clothing, bag clothing for evidence.
- C.** For medical assessment obtain temperature, blood pressure, pulse, respirations.
- D.** Administer tests and procedures as indicated by clinical findings.

- E. Obtain a UA. Use appropriate chain of evidence procedures and request urine screen and confirmatory test results to be reported at any detectable level. Liver function tests: SGPT, SCOT, total Bilirubin and Alkaline Phosphates, BUN, Creatine, Baseline electrolytes: Sodium, Potassium, chloride and Bicarbonate, CBC.

*Note: If any tests are run for forensic purposes, chain of evidence procedures with confirmatory test results must be used.*

Optional clinical Evaluations:

- a. Complete metabolic panel (chem. 20 or equivalent)
- b. Pulmonary function tests
- c. Oxygen saturations
- d. Heavy metal screens (this will be sent to CPL)

*Note: heavy metal screen is indicated only if the methamphetamine lab was NOT ephedrine-reduction or cold-cook methods, e.g.: if phenyl-2-propanone method was used, or if clinically indicated.*

- F. Call Poison control if clinically indicated (800-876-4766)
- G. Secure the release of a child's medical records to child welfare workers to ensure ongoing continuity of care.
- H. Child welfare personnel should evaluate placement options and implement short-term shelter for child.
- I. Obtain medical history. Use the parents if possible, or social worker.
- J. Perform completed 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  
Respiratory rate
- K. Provide a developmental screen. This is an initial age-appropriate screen, not a full-scale assessment.  
Up to age 6.
- L. Provide a mental health screen and crisis intervention services as clinically indicated.

2. Initial follow up care

Initial follow up care occurs within 30 days of the baseline assessment to reevaluate the comprehensive health status of the child,

identify any latent symptoms and ensure appropriate and timely follow up services as the child's care plan and placement are established.

- a. follow up any baseline test results
- b. Perform developmental examination.
- c. Conduct mental health history and evaluation
- d. If abnormal findings on any of the above, schedule intervention and follow up as appropriate to the findings. Schedule Long term follow up regardless of findings.

### 3. Long term follow up care

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

- a. Follow up previously identified problems
- b. Perform comprehensive (EPSDT) physical exam and laboratory examination with particular attention to:
  1. Liver function
  2. Respiratory function
  3. Neurological evaluation
- c. Perform full developmental screen.
- d. Perform mental health evaluation
- e. 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.
- f. Plan follow up strategies for developmental, mental health or placement problems identified.

Preservation of Evidence – All relevant evidence will be maintained by the KBI, Norton Police Department, or the Norton County Sheriff's Office.

## **XI. Exchange of Information Between Agencies**

The KBI, local law enforcement, and S.R.S. will exchange information regularly during DEC case investigations. All interviews will be documented and provided to team members. Photographs and videotape of the crime scene will be provided to the prosecutor.

## **XII. Preparation of Reports**

DEC Team members will complete any observation reports regarding the alleged child endangerment situation necessary for successful prosecution and CINC hearings. All reports containing spontaneous or interview statements made by victims, witnesses to the crimes, and doctors, will be maintained by the respective teams.

## **XIII. Assignment of Cases**

In the event of an emergency intervention, the DEC worker will be contacted after law enforcement finds suspected allegations of child abuse and/or endangerment. Recognizing that a Clandestine Laboratory Investigation is time consuming and requires a large amount of man power, two teams will be established when a child is found within the confines of a lab or Law Enforcement learns of a child that may have been contaminated by the lab. The first team to investigate and process that lab scene, the second team to conduct the Child in Need of Care Investigation. Both teams will report to the investigating agency head (Sheriff or Chief of Police).

## **XIV. DEC Team Debriefing**

Upon completion of the investigation of the drug laboratory where children are found, DEC team members will meet when necessary and debrief each other as to the case events and evidence found at the location(s). This policy is established in order to successfully assess and improve upon the response by the DEC team. Furthermore, it is believed that this debriefing will assist team members in identifying any problems that may have existed at the time of the search warrant or intervention, which may be improved upon in future cases. We believe that this debriefing process is imperative in order to establish and improve collaborative efforts between the DEC team members and member agencies.