

Nebraska CHEM-L Protocol

CHildren Exposed to Methamphetamine Laboratories

I. Objectives

To improve the safety and medical care of children under 18 who are found in association with a clandestine methamphetamine laboratory. This protocol defines best practices for:

A. Gathering information at the scene needed for appropriate medical care including exposure risks, health history, and health supplies;

B. Assessing the child's medical needs including the effects of drugs, toxic chemicals, abuse, neglect, or injury;

C. Gathering medical evidence to support appropriate placement including evidence of endangerment, abuse and/or neglect; and

D. Providing appropriate information to individuals providing foster care for the child.

II. Roles of Personnel at the Scene

A. Law enforcement should take the lead role at the scene. HHSS Protection and Safety (HHSS/PS) personnel should not enter the area until it is declared safe by law enforcement.

B. HHSS/PS should be notified immediately whenever children are found at the scene or are suspected of exposure to toxic chemicals and/or drugs from a methamphetamine lab.

C. HHSS/PS workers who become aware of possible methamphetamine manufacture should leave the scene immediately and immediately contact law enforcement.

D. One person at the scene should assume the primary role with respect to any children at the scene and continue with the child/children through the completion of the medical assessment until all children are in an appropriate placement. This person must be skilled in i.) interviewing children, ii.) evaluating children's immediate needs, iii.) assessing children and the environment to determine safety and placement considerations, and iv.) dealing with children in a respectful, age-appropriate manner. Preferably this role will be filled by an HHSS/PS worker, to provide knowledge of past contacts and continuity with future placement decisions. If an HHSS worker is not available, a law enforcement officer with the above skills should assume this role and an HHSS/PS worker should become active with the case at the earliest opportunity.

E. When advance notice is possible of an incident likely to involve children, a representative of HHSS/PS should attend the law enforcement briefing held prior to responding.

F. HHSS/PS should immediately evaluate the safety and well being of children who are not present at the scene but who may have been exposed to the site. This protocol should be used for children with significant exposure.

III. Procedures at the Scene

A. Custody: Children who are found at the scene of a methamphetamine lab should be taken into protective custody by law enforcement at the scene and placed in the temporary custody of HHSS/PS in accordance with NRS43-250 and 390 NAC 8-00-1. If an appropriate parent or guardian who has not been involved with the methamphetamine lab is available, the child may be returned to this person's care but the voluntary completion of this protocol through step VI is strongly recommended.

B. Transport when injured or contaminated: EMS should be called immediately to evaluate and/or transport children to medical care when urgent health concerns and/or evident contamination of the child are present. Special attention should be given to:

1. Breathing difficulty or distress, prolonged coughing, wheezing, gagging, dry or sore throat, pain or tightness in the chest;
2. Red, watering, burning eye(s);
3. Burns, burning sensation on the skin;
4. Strong smell of ammonia, cat urine, chlorine, or other chemical odors on child or clothing
5. Unusual behavior (e.g., very sleepy or difficult to arouse in the daytime, overly stimulated, fidgeting, trembling, agitated).

IMPORTANT: *If acute chemical irritation is present or suspected, immediate first aid should be given, including flushing eyes and/or skin with copious amounts of water.*

C. Transport if NOT injured/contaminated: Children not injured or contaminated should be moved to a safe location immediately and transported to a children's health care facility within two hours and no longer than four hours after identification. The health history record, medi-

cations, and any health equipment used by the child (see E below), and the child exposure record filled out by law enforcement (see G below) should accompany child. A plastic bag or other barrier should be used to protect any vehicle during transport. HHSS will pay for care that is medically necessary for children who are in the custody of HHSS.

D. Dealing with clothing: If contamination of child's clothing is observed (e.g., chemical staining, damage from corrosives, positive photo ionization detector (p.i.d.) reading), child should be decontaminated by EMS or hospital personnel following routine decontamination protocols. Special consideration should be given to the child's privacy and dignity, and the child should immediately be provided with age-appropriate clothing. Contaminated clothing should be placed in a plastic bag and returned to the police for evidence collection and/or for proper disposal by environmental contractor.

E. Health history should be obtained from parents, child, and/or any adults available at the scene by the individual assuming primary responsibility for the child. (See form.) This form should become a part of the medical record at the facility evaluating the child. A signed release form should be obtained for medical records from any sources of health care. Check area thoroughly for child's medication, medical equipment (e.g., nebulizer, glucometer), and glasses or contacts. Uncontaminated medication, equipment, glasses or contacts should accompany the child.

F. Photos should be taken by law enforcement, with special attention to hazards to children (e.g., evidence of chemicals or other hazards where children may crawl, eat, or touch, in the kitchen, near food or bottle, in bedrooms, bathrooms, refrigerator, and outside play areas). Photos should document the physical condition of children if there is evidence of abuse, neglect, contamination, or injury.

G. Chemicals at the scene should be identified by law enforcement and documented on a form for review by primary health care practitioner. (See form.) This form should be filled out as completely as possible and sent with child to medical assessment. Additional exposure information should be called in to primary health care practitioner as soon as available. This form and other exposure information should become a part of the medical record at the facility evaluating the child.

IV. Interviewing Children

All children found in a methamphetamine lab should be interviewed with a structured forensic interview conducted in a timely manner, usually within 48 hours, to gather more detailed information. This interview should be conducted by a professional trained in forensic interviewing of children. Whenever available, this interview should be conducted at a Child Advocacy Center and videotaped. If children are hospitalized, Child Advocacy Center personnel should interview child at the hospital if possible.

V. Initial Urgent Medical Assessment

A. Goals:

1. To discover any direct, acute effects of exposure to toxic chemicals or drugs or other evidence of child abuse or neglect;
2. To identify health or mental health conditions that will impact the selection of an appropriate foster home;
3. To document findings in a manner usable in court;
4. To initiate necessary treatment.

B. Information made available to health care practitioner should include:

1. Exposure form listing possible exposures and recommended follow-up. (See forms).
2. Medical history that is available from those at the scene. (See forms).
3. Any information available about known past encounters with HHSS/PS and/or the juvenile justice system.
4. Form for providing feedback and suggestions on protocol usage without identifying individual children and families.

C. All children should receive:

1. Review of available medical history by the primary health care practitioner;
2. Careful review of systems (standard medical review);
3. Symptom-targeted examination to include:
 - a. Vital signs (with blood pressure measurement if 3 years old or older);
 - b. Height and weight with percentiles (include head circumference if less than 3 years old);
 - c. Symptom-directed physical examination with attention to skin, respiratory, and neurological systems;
 - d. Unclothed external body examination for

signs of acute illness; unusual bruises, welts, cuts, or burns; signs of trauma; rash suggestive of infestation, allergy, or contagious illness; and range of motion in all joints.

e. External genitalia inspection for signs of trauma, discharge, or other abnormality;

f. Assessment of chronic conditions (e.g., respiratory status if child known to have asthma);

4. Developmental and mental health screening (using standardized screening if possible) for:

a. Severe developmental delay;

b. Depression or anxiety;

c. Suicidal thoughts;

d. Violent behavior.

5. Urinalysis which should be sent for a toxicology screen with appropriate chain of custody documentation and with instructions to follow up positive tests with gas chromatography/mass spectroscopy. A portion of the sample should be saved for later confirmation of positive results.

6. If clinically indicated child should receive:

a. Pulse oximeter and CXR (if any respiratory signs or symptoms);

b. EKG 12 lead with rhythm strip (if child shows any heart rhythm abnormality including tachycardia, bradycardia, or irregular rhythm);

c. Radiological bone studies (if there is any history or evidence of physical abuse);

d. Blood work as indicated by history and clinical condition.

7. Referral for conditions warranting immediate attention or for other evidence of abuse or neglect warranting further evaluation, documentation, and treatment. For history and/or physical findings suspicious for physical or sexual abuse, referral to a Child Advocacy Center.

D. Primary health care practitioner should complete the protocol form with special attention to findings relevant to abuse, behavior, care and neglect, development, and chemical exposure. (See forms.) This form should become part of the child's medical record at the medical facility.

VI. Foster Parent Information

The following information should be available to the foster parent (or other person assuming care of the child) in a short information sheet to be provided when child is placed. (See forms.)

A. Instructions for avoiding contamination of the home from child's clothing or belongings.

B. Instructions for observing the child for

symptoms that warrant care.

C. Instructions on who to call if concerns arise.

VII. Comprehensive Health Assessment and Follow-up

A. Goals:

1. To follow up any abnormal findings from initial medical assessment.

2. To assess long-term effects of abuse and neglect including developmental screening tests.

3. To further assess health status, past medical history, immunization status.

4. To establish a source of primary health care.

B. Within 14 days (sooner if indicated by findings from initial medical assessment) the child should receive a comprehensive health assessment from a child health primary care practitioner according to the guidelines established by the AAP for the health care of children in foster care, including:

1. EPSDT exam

2. Developmental screening exam

3. Mental health screen and crisis intervention as clinically indicated

4. Dental screening exam

5. Follow-up from any abnormal findings from initial medical evaluation

C. Follow-up Health Examinations

1. **Goal:** To establish a continuous source of primary care and follow up on problems identified by the comprehensive health evaluation.

2. A source of primary care should be identified for each child. Follow-up evaluations should reflect the individual child's needs and follow AAP recommendations for children in foster care.

VIII. Training

A. The following groups should receive training on this protocol:

1. HHSS/PS workers and supervisors;

2. Law enforcement clandestine lab teams;

3. Emergency medical personnel;

4. Emergency room health care providers;

5. Pediatricians, family practitioners, and other primary health care providers;

6. Judges; and

7. Nebraska Foster Care and Adoption Association.

IX. Protocol Review

A. All cases of children removed from active or suspected sites of methamphetamine manufacture should be reviewed by the County Child Abuse and Neglect (1184) Teams within two months of the episode. Feedback and suggestions on the protocol and its use should be developed in this review.

B. A CHEM-L Protocol Working Group should be established on a statewide basis to meet every six months, review feedback from primary health care practitioners and the County Child Abuse and Neglect (1184) Teams, and revise the protocol accordingly.

X. Protocol Dissemination

A. Protocol should be submitted for endorsement from the AMA Public Health Subcommittee, the Nebraska Academy of Family Practice, and the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the American College of Emergency Physicians, and the Nebraska Nurse Practitioners Association.

B. Protocol should be presented to appropriate meetings of the following professional groups: Nebraska Medical Association, Nebraska Chapter of the American Academy of Pediatrics, The Nebraska Academy of Family Practice, Nebraska Chapter of the American College of Emergency Physicians, Nebraska Nurses Association, Nebraska Public Health Association, and EMS, Fire, and First Responder organizations.

C. The protocol should be mailed to all Nebraska hospitals with a request that it be discussed at a monthly staff meeting and/or within the Emergency, Pediatrics, Nursing, and Administration departments.

D. A laminated version of the protocol should be available to law enforcement and Protection and Safety personnel along with sufficient copies of:

1. The one-page exposure form to be completed by law enforcement at the scene.
2. The one-page medical history form for use by the individual with primary responsibility for the child or children at the scene.
3. The one-page medical assessment form with primary health care practitioner guidance and contact numbers on the reverse side.
4. The one-page information sheet for foster parents.

XI. Endorsements

The Nebraska Medical Association, the Nebraska College of Emergency Physicians, and the Nebraska Nurse Practitioners Association have endorsed this protocol.

Developed by a Medical Working Group of the Child Endangerment Subcommittee of the Precursor Committee of the High Intensity Drug Traffic Area (HIDTA) Planning effort for Nebraska. Please direct questions or comments about this protocol to Gregg Wright, M.D., M.Ed. at UNL Center on Children, Families, and the Law, 121 South 13th Street, Suite 302, Lincoln, NE 68588-0227 or gwright1@unl.edu or by phone at 402-472-8881.

CHEM-L Protocol: Exposure Record

(Completed by law enforcement at the scene and filed with child's medical record)

Form ①

See instructions on page 2

Child's Name: _____ Date: _____

Completed by: _____ Phone: _____

| | |
|---|-----------------------------------|
| Exposure type (circle) | Volatile Organic Compounds |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Gasoline |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Ether |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Methanol |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Acetone |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |

| | |
|---|----------------------------|
| Exposure type (circle) | Pulmonary Irritants |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Anhydrous ammonia |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | HCl Gas |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |

| | |
|---|-----------------------|
| Exposure type (circle) | Skin Irritants |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Muriatic Acid (HCl) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sulphuric Acid |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sodium Hydroxide |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |

| | |
|---|------------------------|
| Exposure type (circle) | Other Hazards |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Methamphetamine |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Needles, Paraphernalia |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ |

Version 4.0

Exposure Type:



In container at site



Spilled or open



Contact with child



+ Environmental Monitoring

CHEM-L Protocol: Exposure Record





Form ①

(Completed by law enforcement at the scene and filed with child's medical record)

***** Fill out this form at the scene and send it with the child to the physician for the initial medical assessment.**

***** This form should become part of the child's medical record.**

This form is used to document potential chemical exposure to children who are found in association with a clandestine methamphetamine laboratory. It should be completed at the scene by a law enforcement officer and sent with the child to the physician for an initial medical assessment. For each chemical found, circle the appropriate icon to represent the degree of exposure:

- Exposure Type:**
-  In container at site Circle this icon when a chemical is found at the site in a closed container.
 -  Spilled or open Circle this icon when a chemical is found at the site in an open container or spilled in the environment.
 -  Contact with child Circle this icon when a chemical is found spilled on the child's clothes or otherwise in contact with the child.
 -  + Environmental Monitoring Circle this icon when an environmental test reveals the presence of the chemical in the environment.

For each section of the form, use the blank lines to fill in other chemicals found.

Use the Notes/details section to further describe any exposure.

***** If form is not complete when child is taken to the physician, send a partially completed form with child and supplement with a completed form as soon as possible.**



Tear form at fold and mail this evaluation to address on back.

CHEM-L Protocol Feedback Form: Law Enforcement

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

1. Date protocol was initiated: _____
2. County where protocol was initiated: _____
3. Age and gender of child(ren) involved: _____
4. To what degree was this protocol helpful to you in dealing with the child(ren)?
Very Helpful 1.....2.....3.....4.....5 Not Helpful at all

Comments:

5. How well were you able to complete the exposure information on the form to reflect the situation at the scene?
Very Completely 1.....2.....3.....4.....5 Very Incompletely

Comments:

6. How quickly did the health care provider receive the exposure information?
Immediately 1.....2.....3.....4.....5 Not At All

Comments:


7. How could this protocol have been improved?

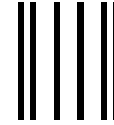
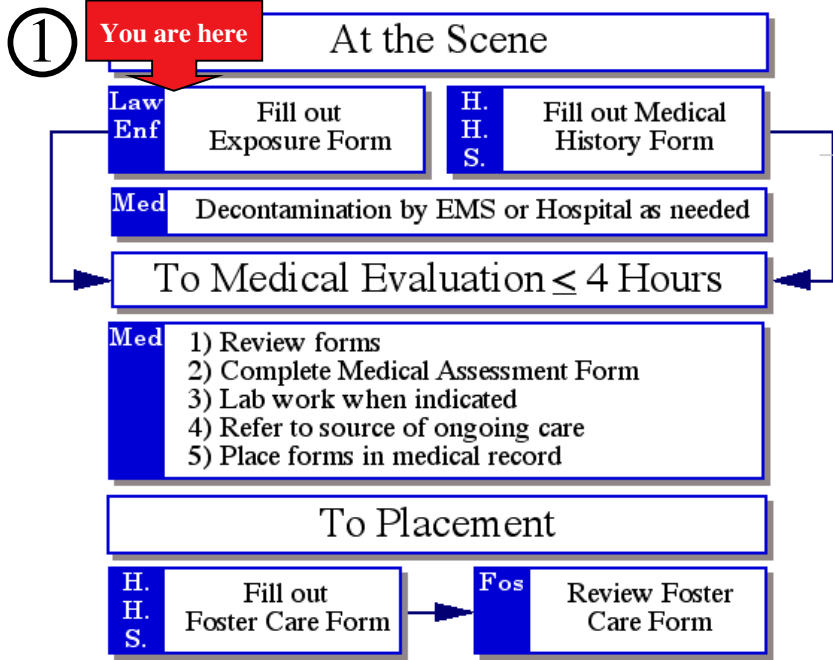
Name: _____ Role: _____ Date: _____

See protocol summary and folding instructions on page 4.

CHEM-L Protocol Summary

- Form 1: Exposure summary completed at the scene by law enforcement.
- Form 2: Health history completed at the scene by individual responsible for the child(ren).
- Form 3: Medical assessment completed by health provider after the exam. All three forms are filed with the child's medical record.
- Form 4: Foster care guidelines completed by health provider or individual responsible for child(ren).

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Lincoln, NE 68501-9888



Fold this flap back last and seal with tape or staple. 

CHEM-L Protocol: Health History Record

Form ②

See instructions on page 2

(Completed at the scene with available information and filed with child's medical record)

Child's Name: _____ Date of Birth: _____ Age: _____

Sources of Care: Name: _____ Specialty: _____ City: _____ Phone: _____ Last seen: _____

Primary care: _____

Specialist(s) _____

Other: _____

Immunizations up to date? Yes ___ No ___ Unknown___ Given by: _____

Medications and Equipment *** These items should accompany child:

Prescription medications: _____

Over-the-counter medications: _____

Equipment (nebulizer, orthotics, hearing aids, etc.): _____

Eye glasses or contacts: Yes _____ No _____

Known Health Conditions

Allergies: _____

Current acute illnesses: _____

Known chronic illnesses: _____

Problems with development or speech/language: _____

Special education needs: _____

Past Health Events

Birth hospital: _____ Problems?: _____

Hospitalizations:(date and reason) _____

Surgery:(date and reason) _____

Accidents/injuries:(date and type) _____

CHEM-L Protocol: Health History Record

Form ②

(Completed at the scene with available information and filed with child's medical record)

Filling in this Form

This form should be completed by the individual assigned to the child using any source of information available at the scene, including the child when appropriate and any adults who are present and cooperative. In addition, search the site for information that may be relevant. This information will be helpful in providing appropriate medical care and placement for the child.

Sources of Care:

In this section, list the name, specialty, city, and telephone of any physicians who have seen the child in the last year if this is known. Check whether the immunizations are complete and who administered them, if known.

Medications and Equipment

In this section, list all known prescription medications or over-the-counter medications. Search the site for medications and/or medical equipment such as a nebulizer, orthodontics, hearing aids, etc. Look for eyeglasses.

***** These items should accompany child to the physician.**

Known Health Conditions

In this section, list any known allergies, acute illnesses, chronic illnesses. Ask if the child has had any problems with physical or language development and if the child is in special education.

Past Health Events

In this section, list the child's birth hospital if possible. This will help in identifying medical records. List any problems experienced at birth. List any hospitalizations, surgery, accidents, or injury.

***** This form should accompany child to the physician and become a part of the child's medical record.**



The individual assigned to the child(ren) at the scene should tear form at fold and mail this evaluation to address on back.

CHEM-L Protocol Feedback Form: Primary Child Contact

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

1. Date protocol was initiated: _____
2. County where protocol was initiated: _____
3. Age and gender of child(ren) involved: _____

4. Who assumed responsibility for the children at the scene?
___ Law enforcement officer ___ Protection and Safety Worker
___ Other (describe): _____

5. To what degree was this protocol helpful to you in dealing with the child(ren)?
Very Helpful 1.....2.....3.....4.....5 Not Helpful at all

Comments:

5. How well were you able to complete the health history form at the scene?
Very Completely 1.....2.....3.....4.....5 Very Incompletely

Comments:

6. Was child taken into protective custody at the scene? Yes ___ No ___

7. How quickly was the child seen by the health care provider after being placed in protective custody?

Within 1 hour ___ 1-2 hours ___ 2-4 hours ___ 4-6 hours ___

Greater than 6 hours ___ Not At All: ___

Comments:


8. How can this protocol be improved?

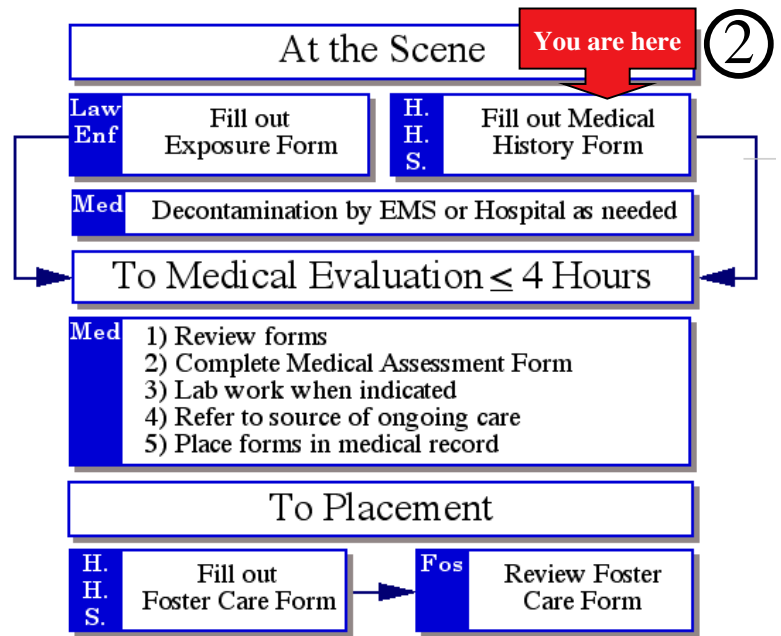
Name: _____ Role: _____ Date: _____

See protocol summary and folding instructions on page 4.

CHEM-L Protocol Summary

- Form 1: Exposure summary completed at the scene by law enforcement.
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CHEM-L Protocol: Initial Medical Assessment

Form ③

See instructions on page 2

(Completed by the physician and filed with Exposure and History forms in the child's medical record)

Child's Name: _____ Age: _____ Today's Date: _____

Completed by: _____ Phone: _____

Exposure to a meth lab involves many risks. Please address the following risk areas with a careful history and physical examination. *Document positive findings here. Use additional sheets if necessary.*

A Abuse

History of physical abuse:

Unclothed, external body inspection for evidence of abuse:

External genital exam:

B Behavior and Mental Health

Evidence of abnormal behavior (e.g., aggressive, withdrawn, hyperactive, impulsive):

Signs of depression, anxiety, or other mental health problem:

C Care and Neglect

Growth: Ht. _____ %ile _____ Wt. _____ %ile _____ H.C. _____ %ile _____

Nutrition:

Chronic infections or neglected chronic illness?

D Development

Fine and gross motor development:

Language development:

E Exposure to Drugs or Chemicals

Neurological (e.g. abnormal pupils, eye movements, agitation, reflexes, tone, strength, sweating, seizures):

Cardiovascular: HR _____ Rhythm _____ BP _____

Respiratory (e.g. tachypnea, retractions, cyanosis): RR _____

Other (e.g. jaundice, hepatomegaly, abnormal U/A):

*** Send urine for drug screen as mentioned in #4 on reverse.

See other side →

CHEM-L Protocol: Initial Medical Assessment

Form ③

(Completed by the physician and filed with Exposure and History forms in the child's medical record)

Purpose Children living in association with a clandestine methamphetamine lab are at risk for many things including chemical exposure, physical abuse, neglect, developmental delay, mental health problems, and behavior problems. This protocol has been developed to guide appropriate initial evaluation and management. An exposure record is available to detail the chemicals and exposures noted at the site.

Information and Consultation Toxicological information and consultation with specialists in poison information and/or a Medical Toxicologist are available 24 hours a day from the Nebraska Regional Poison Center: **Toll free 1-800-222-1222 (Omaha area 402-955-5555)**

Types of Chemicals Used in Clandestine Methamphetamine Labs

Methamphetamine can be made using one of several different chemical processes. All start with ephedrine or pseudoephedrine, often in large amounts. Most methods include the use of **a)** solvents, including volatile organic compounds (VOCs), toxic alcohols, and ether; **b)** caustic compounds such as hydrochloric acid, sulfuric acid, sodium hydroxide, and anhydrous ammonia; **c)** volatile metals such as lithium or sodium; and, **d)** a variety of chemical salts. The "red phosphorous" method may involve exposure to phosphorous and heavy metals. Many steps are involved and they are often inexpertly performed. As a result, a person can easily be exposed to hundreds of different chemicals.

Health Effects Exposure to these chemicals may produce the symptoms of **a)** stimulant overdose (methamphetamine or ephedrine/pseudoephedrine); **b)** burns from caustic compounds (strong acids or bases, lithium, sodium, or anhydrous ammonia); **c)** pulmonary damage (anhydrous ammonia or other gases); **d)** CNS depression; **e)** cardiac sensitization (volatile organic compounds); and, **f)** other toxicity from exposures to metals, solvents, and other compounds. Potential effects depend on the *specific chemical* to which a person is exposed, the *route* of exposure, the *dose* of exposure, the *duration* of exposure, and *specific vulnerabilities* of the individual (e.g., children).

Methamphetamine is a long-acting synthetic amphetamine with sympathomimetic effects including: hypertension, tachycardia, tachypnea, sweating, and dilated pupils. Exposure may be by injection, snorting, smoking or ingestion. Toxic exposure can result in hypertensive crisis, tachydisrhythmias, agitation, paranoid ideation, seizures, and intracranial bleeding.

Management of a Child Exposed to a Methamphetamine Lab

1. Stabilization: Attention to maintenance of a patent airway, oxygenation, and circulation.
2. Significant trauma or burns (including airway exposure to anhydrous ammonia with respiratory difficulty) should result in consultation with the trauma center and/or the burn center. (see below)
3. Screen child for risks outlined on the initial medical assessment on reverse side.
4. Collect a urine sample for drugs of abuse screening. Set aside a portion of urine for confirmation of positive results by GC/MS. Observe chain of custody procedures for all samples!
5. Perform additional lab work, ECG, X-rays, etc., when clinically indicated.
6. Contact The Poison Center for further information and guidance if a significant toxic exposure has occurred (See numbers above.)

**Trauma Centers: Omaha UNMC 402-559-4020 Omaha Creighton 402-449-4590
Lincoln 402-475-1011 Kearney 800-474-7911 Scottsbluff 308-635-3711**
Burn Centers: Omaha 402-552-2876 Lincoln 402-219-7680

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Tear form at fold and mail this evaluation to address on back.

CHEM-L Protocol Feedback Form: Health Care Provider

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

Date protocol was initiated: _____

County where protocol was initiated: _____

Age and gender of child(ren) involved: _____

1. To what degree was the protocol helpful to you in dealing with the child(ren)?
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

2. Did you receive information about the child(ren)'s exposure at the scene?
Yes ___ No ___ If yes, how helpful did you find it?
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

3. Did you receive information about the child(ren)'s health history?
Yes ___ No ___ If yes, how helpful did you find it?
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

4. Did you review the information on the reverse side of the Medical Assessment Form?
Yes ___ No ___ If yes, how helpful did you find it?
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

5. How many of the children you examined showed signs of the following?
Physical abuse ____, Sexual abuse ____, Neglect ____, Developmental Delay ____,
Behavior and/or mental health problems ____, Effects of chemical exposure ____

6. How can this protocol be improved?


Name: _____ Role: _____ Date: _____

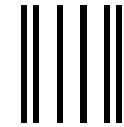
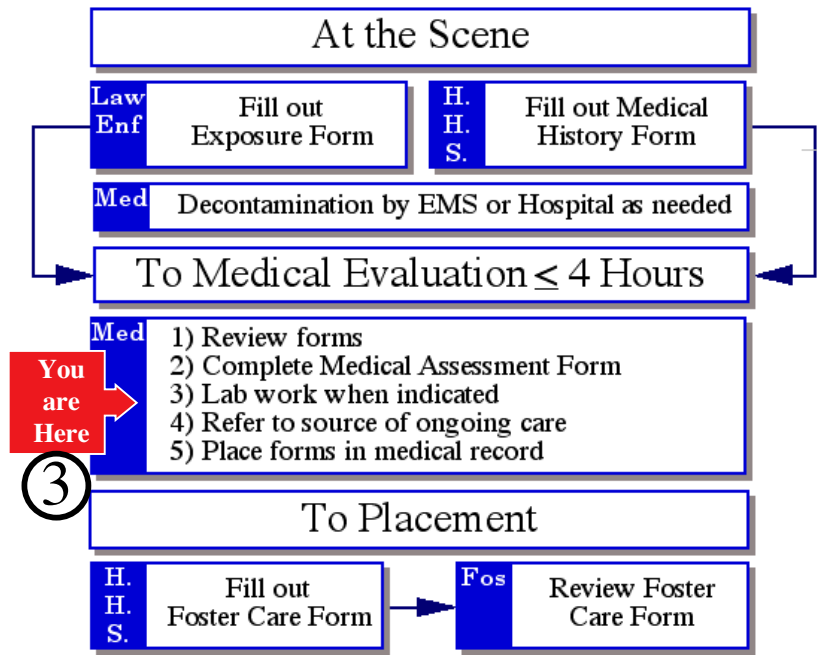
See protocol summary and folding instructions on page 4.

Version 4.0

CHEM-L Protocol Summary

- Form 1: Exposure summary completed at the scene by law enforcement.
- Form 2: Health history completed at the scene by individual responsible for the child(ren).
- Form 3: Medical assessment completed by health provider after the exam. All three forms are filed with the child's medical record.
- Form 4: Foster care guidelines completed by health provider or individual responsible for child(ren).

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Lincoln, NE 68501-9888



Fold this flap back last and seal with staple or tape. 

CHEM-L Protocol: Foster Care Guidelines

Form ④

Complete page 2 also

Completed after medical evaluation and given to foster care provider

Child's Name: _____ Age: _____ Today's Date: _____

This child has been exposed to an illegal methamphetamine laboratory. This sheet reviews some suggestions that will help you care for the child and keep yourself, the child, and others in your household safe from possible contamination.

Health Considerations

The child has had an initial medical assessment. Information you should know about the medical assessment is listed on the back of this form. We do not expect the child to have any additional problems. However, because some effects of chemical exposure can develop slowly, you should observe the child carefully for symptoms for the next 24 to 48 hours. Please call the medical contact number on the bottom of this sheet immediately if you notice any of the following:

Headache, drowsiness, or unusual movements like tremors, shaking, jumpiness, agitation or seizures. Difficulty breathing, wheezing, coughing, or poor color. Fever. Hallucinations or mental confusion. Any other unusual symptom that seems severe and worries you.

Contamination Considerations

The child may also have come into contact with chemicals or toxins that could contaminate others. Most of these chemicals are common household or automotive chemicals, but they can be toxic. If there was any obvious contamination on the child's clothes, the child has been given a shower and has been provided with clean clothes. However, even if the contamination was not obvious, some additional precautions are warranted.

1. Give the child a bath with very warm water (not hot) and lots of soap. Wash completely, including hair, face, between the toes, and other hard-to-reach places. Drain the tub and give a second bath to remove any residual chemical. Afterwards, drain and clean the tub thoroughly.

2. Place child's clothes in a plastic garbage bag until they can be washed. Wash clothes separately from other clothes on the hottest setting. Rewash a second time and air dry outside the home, not in the dryer. Run the washer once empty to clean it thoroughly.

Mental Health Considerations

It is likely that the circumstances of discovering the illegal methamphetamine laboratory and removing the child have been traumatic. In addition, the child may have been subjected to neglect, chaotic circumstances, or overt abuse. It is important to provide a warm, stable, accepting environment for the child and to understand the emotional reactions that may follow from the child's experiences. Do not hesitate to call your Health and Human Services Protection and Safety Worker if you have any questions or concerns. That person's number is listed below.

HHSS Contact Person _____ Phone _____

Medical Contact Person _____ Phone _____

See other side 

CHEM-L Protocol: Foster Care Guidelines

Form ④

Completed after medical evaluation and given to foster care provider

Special Health Considerations for this Child

Special Contamination Considerations for this Child

Special Mental Health Considerations for this Child

Other Special Considerations for this Child

Form filled out by: _____ Date: _____ See other side →



The foster care provider should tear form at fold and mail this evaluation to address on back.

CHEM-L Protocol Feedback Form: Foster Care Provider

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

Date protocol was initiated: _____

County where protocol was initiated: _____

Age and gender of child(ren) involved: _____

1. To what degree was the protocol helpful to you in dealing with the child(ren)?

Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

2. Did you receive specific information about the child(ren)?

Yes ___ No ___ If yes, how helpful did you find it?

Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

3. Did you review the general information on the foster care guidelines?

Yes ___ No ___ If yes, how helpful did you find it?

Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

4. How can this protocol be improved?


Name: _____ Role: _____ Date: _____

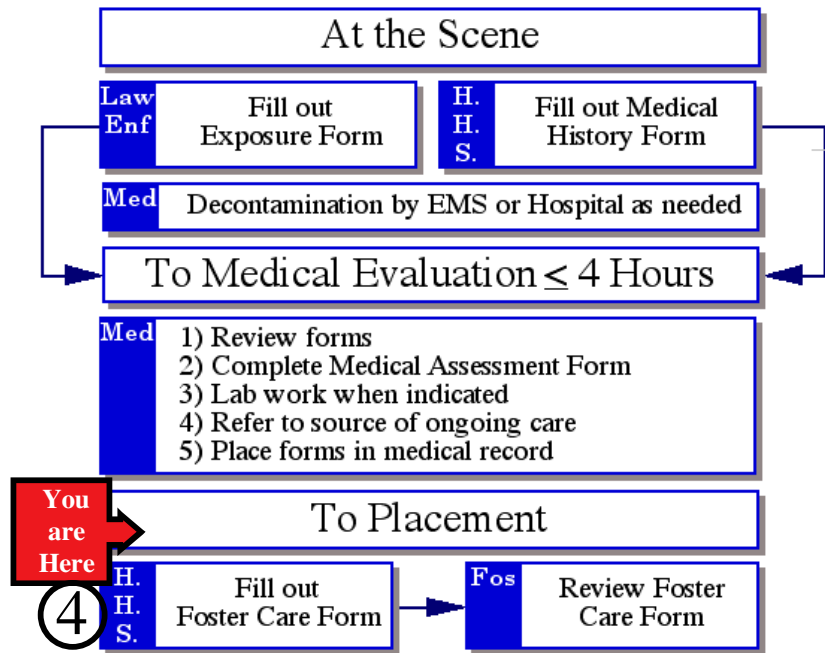
See protocol summary and folding instructions on page 4.

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