NATIONAL PROTOCOL FOR MEDICAL EVALUATION OF CHILDREN FOUND IN DRUG LABS

If explosion, obvious chemical exposure, active lab, or child appears ill
TRANSPORT IMMEDIATELY VIA EMS

LAB ENFORCEMENT
LAW ENFORCEMENT

DECONTAMINATION per local protocol when medically stable

CHILD PROTECTIVE SERVICES

NARCOTICS
1. Identify chemicals present
2. Clan lab certified & DEC trained personnel to photograph living conditions and collect evidence
3. Submit data to EPIC and to appropriate databases

MEDICAL FACILITY
1. Perform Medical Assessment/Screening as per status 1, 2, 3 in Emergency Department
2. Collect Urine via Chain of Custody within 12 hours after removal

PLACEMENT per local protocol

LAB SITE

EMERGENCY DEPARTMENT
1. Neurological status
2. Respiratory status:
   - O2 sat
   - CXR
3. Blood:
   - CBC
   - Chemistry panel
   - LFT’s
   - BUN/Cr
4. Urine toxicology via chain of custody

PLACEMENT per local protocol
1. Complete Medical evaluation:
   - Hepatitis B, C panel if elevated LFT’s
2. Dental examination
3. Developmental and Mental Health Evaluation

Follow-up
Developmental & mental health assessment

Update databases

Within 72 hours
Conduct Forensic Interview jointly with CPS

Within 30 days, 6 mos, 1 year
Medical follow-up

Update databases
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PERSONNEL DECONTAMINATION
Decontamination of the children should occur prior to transport to the medical facility as medically appropriate. Removal of clothing, cleansing of the skin and hair and new clothes are the minimum requirements of decontamination.

LAW ENFORCEMENT
Immediate
1. Document the quantity and types of chemicals present and document how found i.e. uncapped, in tin cans, so that the exposure of the child can be determined. Document the condition of the home. Document odors and state of lab (actively cooking, decanting stage, drying stage etc.) Document the people at the scene and those who also reside in the home.
2. Personnel on scene should be both clan lab and DEC certified in order to be able to accurately collect, document and photograph the scene as to aid in the child endangerment prosecution i.e. height of chemicals, location of drugs, general state of children, guns, pornography.
3. Collect and submit all the required data for EPIC and/or other data base collection.
4. Transport child as per local DEC protocol in conjunction with CPS.

Within 72 hours
1. There may have been other children in the family or home who were not present at the time of the seizure. All children who have lived in the home will need to be examined and their information collected for tracking.
2. The medical histories of the children need to be investigated and documented.

Follow-up
1. Input all the gathered information into a database as determined by the local, state and national protocols.

CHILD PROTECTIVE SERVICES
Immediate
1. Assist law enforcement in the collection and documentation of the scene from the child’s perspective. Decide who will photograph scene.
2. Transport child as needed to facility as designated in your local DEC protocols.
3. Placement of children in a safe environment as per local protocol.

Within 72 hours
1. Blood tests to be obtained include a CBC (anemia, cancers, thrombocytopenias), Chemistry Panel to include BUN/Cr and LFT’s (kidney and liver damage, electrolyte imbalances). Can be done acutely or within 72 hours.
2. Collect urine for toxicology. This should happen as soon as possible but must occur within 12 hours for optimal results. Submit to a lab that screens and reports for the level of detection of the test not just at NIDA standards. Chain of Evidence forms may be utilized or usual medical protocols for urine toxicology screens may be followed.

Follow-up
1.  Update databases as needed.

EMERGENCY ACTIVATION
Transport immediately to the ED by emergency personnel if there is an explosion, active chemicals at the scene or the child appears ill i.e. fast breathing, obvious burns, lethargy or somnolence.

Within 72 hours
1. A complete medical evaluation as needed based on the exam done at the first evaluation.
2. Blood test if not done on the earlier exam.
3. Hepatitis B, C panels as indicated if LFT’s elevated.
4. Developmental evaluation using an age appropriate standardized tool.
5. Mental health evaluation.
6. Dental evaluation.

Follow-Up
1. Repeat medical evaluation in 30 days, 6 months and 1 year.
2. Follow up developmental evaluations as needed based on the initial evaluations.
3. Follow up mental health interventions and assessments as needed.