DRUG ENDANGERED CHILDREN

Initial Response Forms

1. Review of Hazards to Children in a Clandestine Lab Environment

2. Chemicals of a Clandestine Drug Lab - Rooms Where Found

3. Clandestine Drug Lab Chemicals

4. Order of Protection C.R.S. 19-3-405/Protective Hold C.R.S. 19-3-401

5. Medical Information Form

6. Medication Form

7. Methamphetamine Lab Medical Charting Form

8. Medical Protocols for Children Found at Methamphetamine Lab Sites

Compiled and edited by
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Office of the Child's Representative.
Please refer comments to
Theresa A. Spahn at 303-860-1674
Drug Endangered Children
Review of Hazards to Children in a Clandestine Lab Environment

This form is for completion by a Haz-Mat Technician/Fire District Employee to document real and potential endangerment to children at locations identified by law enforcement as a possible drug-manufacturing site.

Form Completed By: Date:
Position: Time of Arrival:
Haz-Mat Team Affiliation: Time of Inspection:
Law Enforcement Jurisdiction: Fire District Incident #
Address or Location:

Number of Children Present: Age(s):
Name(s):

Type of structure lab was found in (check all that apply):

<table>
<thead>
<tr>
<th>Single Family</th>
<th>Shed</th>
<th>Storage Locker</th>
<th>Garage</th>
<th>Apartment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Home</td>
<td>Hotel/Motel</td>
<td>Business</td>
<td>Condo/Townhome</td>
<td>Motor Home</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of general conditions in the residence and location of the lab (manufacturing process):

If children were present, describe their potential exposure; to include accessibility to chemicals or hazards:

If a fire were to start, due to the manufacturing process, within this building(s), would children be put at additional risk?
Continuation Form
Drug Endangered Children
Review of Hazards to Children in a Clandestine Lab Environment

Locations where chemicals related to the manufacturing process were found (check all that apply):

<table>
<thead>
<tr>
<th>Kitchen</th>
<th>Laundry Room</th>
<th>Closet</th>
<th>Garage (Attach)</th>
<th>Living/Family Rm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Vehicles</td>
<td>Bathroom</td>
<td>Garage (Detach)</td>
<td>Attic</td>
</tr>
<tr>
<td>Office/Den</td>
<td>Shed</td>
<td>Refrigerator</td>
<td>Freezer</td>
<td>Storage Space</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of HVAC system (i.e. forced air):


Inadequate light, air, or sanitation facilities: ___yes ___no If yes, please describe:


If applicable, please describe location where chemicals / waste products are being disposed of:


Fire hazards noted:


Other general hazards noted:


Signature:  
Date:
<table>
<thead>
<tr>
<th>Chemicals of a Clandestine Drug Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms Where Found</td>
</tr>
<tr>
<td>Kitchen</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Ethyl Ether</td>
</tr>
<tr>
<td>Acetone</td>
</tr>
<tr>
<td>Methanol (Heet)</td>
</tr>
<tr>
<td>Coleman Fuel</td>
</tr>
<tr>
<td>Mineral Spirits</td>
</tr>
<tr>
<td>Paint Thinner</td>
</tr>
<tr>
<td>Toluene</td>
</tr>
<tr>
<td>MEK (methyl ethyl ketone)</td>
</tr>
<tr>
<td>Naptha</td>
</tr>
<tr>
<td>Denatured Alcohol</td>
</tr>
<tr>
<td>Isopropyl Alcohol</td>
</tr>
<tr>
<td>Iodine Crystals</td>
</tr>
<tr>
<td>Tincture of Iodine</td>
</tr>
<tr>
<td>Red Phosphorus</td>
</tr>
<tr>
<td>Hydrogen Chloride Gas</td>
</tr>
<tr>
<td>Hydroiodic Acid</td>
</tr>
<tr>
<td>Muriatic Acid</td>
</tr>
<tr>
<td>Sulfuric Acid</td>
</tr>
<tr>
<td>Mercuric Chloride</td>
</tr>
<tr>
<td>Sodium Cyanide</td>
</tr>
<tr>
<td>Ephedrine</td>
</tr>
<tr>
<td>Psuedoephedrine</td>
</tr>
<tr>
<td>Chloroform</td>
</tr>
<tr>
<td>Hydrogen Peroxide</td>
</tr>
<tr>
<td>Charcoal Lighter Fluid</td>
</tr>
<tr>
<td>Hypophosphorous acid</td>
</tr>
<tr>
<td>Sodium Chloride (salt)</td>
</tr>
<tr>
<td>Red Devil Lye (sodium hydroxide)</td>
</tr>
<tr>
<td>Anhydrous Ammonia</td>
</tr>
<tr>
<td>Lithium/Sodium Metal</td>
</tr>
</tbody>
</table>

MSBDRM - Master Bedroom
MS Bath - Master Bedroom Bath
Kids BDRM - Kids Bedroom
Drug Endangered Children

Clandestine Drug Lab Chemicals

The following is a list comprised of chemicals that have been normally found in clandestine laboratories. A narcotics officer or social worker, following instructions of a narcotic officer, will check off the chemicals found in a methamphetamine lab where children are present. This form is then delivered to the hospital with the children for medical examinations.

**Check chemicals found at the time of detention:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Ethyl Ether (starting fluid)</td>
<td>( ) Hydriodic Acid</td>
</tr>
<tr>
<td>( ) Acetone</td>
<td>( ) Muriatic Acid (hydrochloric acid)</td>
</tr>
<tr>
<td>( ) Methanol (heet/)</td>
<td>( ) Sulfuric Acid</td>
</tr>
<tr>
<td>( ) Coleman Fuel</td>
<td>( ) Mercuric Chloride</td>
</tr>
<tr>
<td>( ) Mineral Spirits</td>
<td>( ) Sodium Cyanide</td>
</tr>
<tr>
<td>( ) Paint thinner</td>
<td>( ) Ephedrine</td>
</tr>
<tr>
<td>( ) Toluene</td>
<td>( ) Psuedoephedrine</td>
</tr>
<tr>
<td>( ) MEK (methyl ethyl ketone)</td>
<td>( ) Chloroform</td>
</tr>
<tr>
<td>( ) Naptha</td>
<td>( ) Hydrogen Peroxide</td>
</tr>
<tr>
<td>( ) Denatured Alcohol</td>
<td>( ) Charcoal Lighter Fluid</td>
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</tr>
<tr>
<td>( ) Hydrogen Chloride Gas</td>
<td>( ) Lithium / Sodium Metal</td>
</tr>
</tbody>
</table>

These chemicals are commonly used in the manufacturing of methamphetamine. However, these are not the only chemicals found in clandestine labs.
COUNTY OF _______, STATE OF COLORADO  
ORDER OF PROTECTION C.R.S. 19-3-405/PROTECTIVE HOLD C.R.S. 19-3-401
This matter comes on for an ex parte Order of Protection/Protective hold.

DATE:_______________  SOCIAL WORKER:_______________________________

MOTHER’S NAME:_________________________ DOB:___________________

FATHER’S NAME:_________________________ DOB:___________________

SIGNIFICANT OTHERS:

NAME:_____________________________ DOB:______________

NAME:_____________________________ DOB:______________

ALL CHILDREN’S NAMES AND D.O.B.’S:

Related D&N Case(s) and Case Numbers: ________________________________________

Related Court Cases and Law Enforcement Report Numbers: _______________________

________ Based on the above information and to serve the best interests of the child(ren), the court finds the circumstances and conditions would present imminent and present danger to the life and health of the child(ren) in the foreseeable future.

Because of the emergency nature of this situation, efforts were not made to prevent removal, and this is reasonable;

OR

Reasonable efforts have been made to prevent the placement.

IT IS, THEREFORE, ORDERED that temporary legal and physical custody of the above name minor child(ren) is given to the _________ County Department of Human/Social Services.

The County/City Attorney’s Office is to schedule a shelter hearing to be held within the next 48/72 hours, excluding Saturday, Sunday or any holidays.

So Ordered this _____ day of _______________ , 200_.

By The Court:

Judge/Magistrate

Law Enforcement
Drug Endangered Children
Medical Information Form

The following is a list of important medical information about the child, to be obtained from the parent or guardian, by personnel on scene. The information needs to go with the child to the hospital.

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

Child's Medical Doctor:

Child's Dentist:

Information obtained from:

Is the child on any medication? □ Yes □ No
If so, please list medication and dosing:

Does the child have any medical allergies? □ Yes □ No
If so, to what:

Immunization status: □ Current □ Delayed □ None
Where obtained?

Does the child wear glasses or contacts? (circle if appropriate)

Past Medical History: □ Yes □ No
Birth History/Problems: □ Yes □ No
Past Hospitalizations? □ Yes □ No
If yes, when, where and why?

Past surgeries? □ Yes □ No
If yes, when, where and why?

Major Illnesses: □ Asthma/Wheezing/Chronic Cough
□ Seizures
□ Diabetes
□ Other

Family History:
Any major illnesses in the family:
□ Asthma/Wheezing/Chronic cough
□ Other

Form Completed By: Date:
Drug Endangered Children
Medication Form

Child’s Name: ____________________________
Date: __________________

Name of Person Collecting Information: ___________________________
Position/Agency: ____________________________________________

Medication Name: ___________________________________________
Physician’s Name: ____________________________________________
Dosage: ___________________________________________________
Pharmacy Name: ____________________________________________
Pharmacy Phone #: __________________________________________
Prescription #: _____________________________________________

Medication Name: ___________________________________________
Physician’s Name: ____________________________________________
Dosage: ___________________________________________________
Pharmacy Name: ____________________________________________
Pharmacy Phone #: __________________________________________
Prescription #: _____________________________________________

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Physician’s Name: ____________________________________________
Dosage: ___________________________________________________
Pharmacy Name: ____________________________________________
Pharmacy Phone #: __________________________________________
Prescription #: _____________________________________________

Medication Name: ___________________________________________
Physician’s Name: ____________________________________________
Dosage: ___________________________________________________
Pharmacy Name: ____________________________________________
Pharmacy Phone #: __________________________________________
Prescription #: _____________________________________________
EXAM DATE: _____________________

NAME: __________________________
ADDRESS: _______________________
PHONE: _________________________
COUNTY: ________________________

MOTHER: ________________________
DOB: ___________________________
FATHER: ________________________
DOB: ___________________________

SIBLINGS (AGE/DOB):
__________________________
__________________________
__________________________

CHILD LIVES WITH: __________
LEGAL GUARDIAN: ____________

RELEVANT AGENCIES:
Law Enforcement (Agency, Officer,
Telephone #): _________________

Social Services (Agency, Worker, Telephone
#): _________________

DECONTAMINATION ON SCENE:
□ Yes       □ No

ADDITIONAL CONCERNS: __________
__________________________
__________________________

PHOTOS TAKEN BY:
□ N/A
□ Law Enforcement
□ Social Services
□ Hospital

ARRIVED AT ED WITH: ___________

HOSPITAL: _________________
MEDICAL RECORD #: __________
INSURANCE: _________________

TREATING PHYSICIAN:
__________________________

VITAL SIGNS:
Temp. _______________________
     □ Otic □ Ax □ Oral □ Rectal
Pulse ________ RR__________
BP __________ O2 Sat. _______

STUDIES DONE:

URINE
□ Urine Tox Screen
 (order any detectable level)

LABS
□ CBC □ Renal Profile
□ Electrolytes □ LFT’s
□ Chest x-ray
OTHER STUDIES (if any) ___________

RADIOLOGY

OTHER STUDIES (if any):
__________________________
__________________________

ABNORMAL MEDICAL FINDINGS (if any):
__________________________
__________________________

DECONTAMINATION IN ED:
□ Yes       □ No

REFERRALS (if needed)
(phone #/appointment):
□ Pulmonary __________________
□ Child Protection Team __________

DISCHARGE PLAN: _________________

ED NURSE COMPLETING FORM: ______
Medical Protocols for Children Found at Methamphetamine Lab Sites

#1 FIELD MEDICAL ASSESSMENT PROTOCOL
The field medical assessment is done to determine whether children discovered at the scene of a methamphetamine laboratory discovery 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
Problems requiring immediate care are those that cannot wait 24 hours to be treated at the baseline exam (discussed in Protocol #3). Immediate care must be provided as soon as possible after significant health problems are identified. Care should preferably be provided within 2 hours, but not later than 4 hours after the child is identified at a lab site. Immediate care may be provided in a hospital emergency room, or pediatric or urgent care facility depending on the severity/urgency of the problem and the time of day. If a field medical assessment was not completed (Protocol #1), children should be taken to an immediate care facility within 2 hours for the medical assessment.

#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 (800-222-1222).
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 BASLINE ASSESSMENT PROTOCOL
The baseline assessment exam needs to be done within 24 hours of a lab discovery to ascertain a child’s general health status. Prompt medical assessment is warranted due to the risk of toxicologic, neurologic, respiratory, dermatologic, or other adverse affects of methamphetamine lab chemical and/or stimulant or other drug exposure, and the high risk of neglect/abuse.

#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 to include as much of the Early Periodic Screening, Detection, and Treatment (EPSDT) exam as possible. Pay particular attention to:
  a. Neurologic screen
  b. Respiratory status
Call Poison Control if clinically indicated (800-222-1222).

Required Medical Evaluations
  a. Temperature (otic, rectal, or oral)
  b. Oxygen saturation levels
  c. Liver function tests: AST, ALT, Total Bilirubin and Alkaline Phosphatase.
  d. Kidney function tests: BUN and Creatinine
  e. Electrolytes: Sodium, Potassium, Chloride, and Bicarbonate
  f. Complete Blood Count (CBC)
  g. Carboxyhemoglobin level
  h. Chest x-ray (AP and lateral)
  i. 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.
Optional Clinical Evaluations
  j. Complete metabolic panel (Chem 20 or equivalent)
  k. Pulmonary function tests
  l. CPK
  m. Lead level (on whole blood)
  n. Coagulation studies
Refer for local (county department of social services/law enforcement) child abuse and neglect evaluation.
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.
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.

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 (EPSDT) 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.

For further information contact:
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Medical Director
Denver Family Crisis Center
Phone: (720) 944-3700 – Fax: (720) 944-3710
e-mail: Kathryn.wells@dhha.org

Center disclaim liability for outcomes from use of this protocol or misuse of the sequential steps herein.

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IF YOUR COMMUNITY HAS ADDITIONAL SPECIFIC INSTRUCTIONS AND/OR LOCAL PHONE NUMBERS, AFFIX THE ATTACHED POUCH, INSERT INSTRUCTIONS AND PLACE IN THIS SPACE

This protocol was modified slightly from the original DEC Protocol that was developed by the DEC Resource Center for the purpose of improving multi-agency response to children found in clandestine methamphetamine labs. The DEC Resource Center, Denver Health, Denver County Department of Social Services, The Children’s Hospital and The Kempe Children’s Center disclaim liability for outcomes from use of this protocol or misuse of the sequential steps herein.