

**FINAL MULTNOMAH COUNTY PROTOCOL
FOR DRUG-ENDANGERED CHILDREN (DEC)**

I. Purpose

This protocol provides for a coordinated interagency response whenever children are exposed to the manufacture, sell or use of illicit drugs (drug-endangered children). A coordinated interagency response best advances the goal of child protection.

II. Participants

- A. Multnomah County Police and Fire Departments, and Hazardous Material Teams
- B. Department of Human Services, Multnomah County Branch
- C. Legacy Emanuel Hospital (& CARES Northwest) – Portland
- D. Multnomah County District Attorney's Office

III. Summary of Drug-Endangered Children Protocol

- A. **Level I Response:** Children found at methamphetamine laboratories.
- B. **Level II Response:** Children exposed to the sale, use or possession of controlled substances.

IV. Multnomah County Police and Fire Departments, and Hazardous Material Teams Protocol:

- A. **Level I Response:** Children found at methamphetamine laboratories.
- B. **Level II Response:** Children exposed to the sale, use or possession of controlled substances.

V. Department of Human Services Protocol (Multnomah County Branch)

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VII. Multnomah County District Attorney's Office Protocol

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- 2. Child Chemical Exposure Checklist**
- 3. Medical Provider Letter / Information for Health Care Providers**
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III. SUMMARY OF DRUG ENDANGERED CHILDREN (DEC) PROTOCOL

A. Level I Response: Children Found At Methamphetamine Laboratories

1. **Police or Department of Human Services (DHS) personnel** who encounter *children with obvious injury or illness* in methamphetamine laboratories must immediately: 1) summon emergency medical personnel (EMS), Fire Bureau and Hazardous Material Response Team personnel (HazMat), and the jurisdiction's clandestine laboratory response team; and 2) notify the Child Abuse Hotline at 503-731-3100. If the child(ren) do *not* have obvious injury or illness, law enforcement shall follow their usual protocol and DHS personnel shall call 9-1-1 and the Child Abuse Hotline at 503-731-3100.
2. Responding **Fire Bureau** and/or **Hazardous Material Response Team personnel** will determine the level of decontamination necessary to permit the safe transport of the child(ren). Fire Bureau and/or Hazardous Material Response Team personnel will write reports regarding their response to the incident that shall describe the manner and level of decontamination of the child(ren). The reports shall be forwarded to the lead investigating law enforcement officer assigned to the case.
3. The **Child Abuse Hotline**, after screening, will coordinate DHS response which may include sending a **DHS Drug Response Specialist (DRS)** to the hospital or location of the incident. DHS will conduct a child safety assessment and will facilitate medical evaluations, treatment, temporary placement, and follow-up medical and mental health evaluations for the child(ren). To the extent allowed by law, DHS shall ensure that the results of the DHS assessment and the medical evaluations of the child(ren) are provided to the lead investigating officer from the clandestine laboratory response team (the **Police Case Agent**) for inclusion in the criminal investigation file.
4. **DHS** shall ensure that children found at methamphetamine laboratories are taken to the **Legacy Emanuel Hospital Emergency Department** for a medical evaluation and testing as soon as possible, but in no event later than 12 hours from the time the children were removed from the methamphetamine laboratory.
5. The **Police Case Agent** shall investigate the criminal child neglect/endangerment case along with the underlying drug case, and shall notify and keep informed the DEC Liaison at the District

Attorney's Office and the assigned DRS of the progress and results of the criminal investigation. The Police Case Agent shall be responsible for ensuring that a custody report is completed for each child placed in protective custody, including children released to an immediate or extended family member by the DRS, and shall fax such reports to Juvenile Court Intake at 503-988-3140.

In all cases in which physical or sexual abuse of a child is suspected, the Child Abuse Hotline shall be immediately notified by calling 503-731-3100, and the Police Case Agent shall document this notification in the investigative reports. The Child Abuse Hotline will cross-report this information to the Child Abuse Team (CAT) Detective Sergeants, who will assess whether or not an immediate CAT detective response is required under the Multidisciplinary Team (MDT) protocols.

6. Whenever **police** have advance notice that children may be present at a methamphetamine laboratory at which the police intend to execute a search warrant or conduct a knock-and-talk investigation, they shall contact the Child Abuse Hotline at 503-731-3100 to ensure a **DRS** is available to assist the children, if necessary.
7. The **DEC Liaison** at the District Attorney's Office shall ensure that all information gathered during the criminal investigation is communicated to the deputy district attorney assigned to the dependency and/or termination of parental rights case. The DEC Liaison or his/her designee is responsible for screening and presenting the drug and child neglect/endangerment case for prosecution in a timely fashion. Where a child may be required to testify, a District Attorney's Office Victim's Advocate shall promptly be assigned to the case.
8. **Legacy Emanuel Hospital Emergency Department (ED)** shall fax the ED report, including lab test results, to **CARES Northwest**. **CARES Northwest** shall provide the medical evaluation and laboratory test results to DHS and to the Multnomah County CAT officer assigned to CARES Northwest.
9. The **Multnomah County CAT officer assigned to CARES Northwest** shall forward the medical evaluation and laboratory test results to the DEC Liaison of the District Attorney's Office and to the CAT Detective Sergeants.

B. Level II Response: Children Exposed to the Sale, Use or Possession of Controlled Substances

1. **Police officers** who encounter children during investigations of the sale and/or possession of controlled substances shall evaluate the children's access to the controlled substances, the physical condition of the children, and the level of care being provided to the children by the responsible adults. Where any of the factors indicate that the children are at risk of harm or neglect, the police shall notify the Child Abuse Hotline at 503-731-3100 so the need for a **DRS** response can be evaluated.

A child may be taken into **protective custody** when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare (ORS 419B.150). If a child is taken into protective custody, the police case agent will complete a custody report and fax it to Juvenile Court intake at 503-988-3140.

2. Regardless of whether a **DRS** is dispatched or the children are placed in protective custody, the lead investigating police officer (**Police Case Agent**) shall include in his/her investigative reports documentation and photographs of the presence and/or association of children with the target location of the drug-related investigation. This documentation should include the identity of the children found in or associated with the residence and their relationship to the responsible adults; the circumstances in which the children were found; the physical condition and overall appearance of the children; the availability of essential food; the sleeping arrangements of the children; and the condition of the adults in whose care they were found. These investigative reports shall be forwarded to the Child Abuse Hotline.

Photographs should capture all potential hazards to the children and document living conditions indicative of neglect or endangerment, including, but not limited to: drugs and drug paraphernalia (e.g., razor blades, syringes, pipes); booby traps (e.g., trip wires for explosives, pungee sticks, and chemical devices); exposed wiring; refrigerator (absence or presence of food and the age dates on food containers, chemicals stored adjacent to consumables); sleeping areas (dirty sheets/blankets, no bed linens, stained/soiled mattresses); bathroom facilities (inoperable toilet, filthy sink/bathtub, access to medicines, razor blades, etc.); guns (note if loaded), knives and other weapons; pornographic materials (e.g., photographs, videos or sex toys); accessibility of children to any other hazards (measure relationship of child's height to

location of drugs, drug paraphernalia, chemicals, weapons, raw sewage, feces, broken windows and other unsafe conditions).

3. In all cases in which physical or sexual abuse of a child is suspected, the Police Case Agent shall immediately notify the Child Abuse Hotline at 503-731-3100, and shall document in the Police Case Agent's investigative reports that this notification was made. The Child Abuse Hotline will cross-report this information to the CAT Detective Sergeants who will assess whether or not an immediate CAT Detective response is required under the MDT protocol.
4. In Level II response situations where DHS responds and/or the child(ren) are taken into protective custody, the protocol shall otherwise conform to that of a Level I response.

IV. POLICE, FIRE DEPARTMENT, AND HAZARDOUS MATERIALS TEAM PROTOCOL

A. Level I Response: Children Found at Methamphetamine Laboratories

1. **Initial Police Assessment:** Police officers who respond to a location where there is a methamphetamine laboratory and children are present shall quickly assess whether the **children have obvious injury or illness**, and if so, shall summon emergency medical services personnel (EMS) immediately. Thereafter, Fire Bureau and/or Hazardous Material Response Team (HazMat) personnel shall be summoned, followed by the jurisdiction's clandestine laboratory response team and DHS via the Child Abuse Hotline (503-731-3100).
2. **Decontamination Assessment – Acute Medical Concerns:** If children present are in acute medical distress, emergency decontamination to the extent necessary for EMS transport shall be conducted by responding Fire Bureau or HazMat-trained personnel, with due regard to the physical and emotional effects such decontamination will have on the children.
3. **Decontamination Assessment – No Acute Medical Concerns:** If children present are *not* in acute medical distress, responding HazMat-trained personnel shall determine the level of decontamination necessary for safe transport of the children for

medical evaluation and testing at Legacy Emanuel Hospital's Emergency Department and/or to temporary shelter or other approved protective custody. In the event an on-scene wet decontamination is required, HazMat personnel shall provide a private decontamination environment in which a DRS or other suitable adult is present to comfort the children. If children are to be transported to the Legacy Emanuel Hospital Emergency Department (at which decontamination facilities are present), an on-scene dry decontamination shall be conducted whenever possible to lessen the emotional trauma to the child.

4. **Child Chemical Exposure Checklist:** In all cases in which children are transported to Legacy Emanuel Hospital's Emergency Department (ED) for medical evaluation and testing, a "Child Chemical Exposure Checklist" shall accompany the children, or shall be transmitted as soon as practicable to the ED, to facilitate a complete medical evaluation and comprehensive testing of the children. This information may be provided by phone to the ED. This informs the ED of all available information regarding potential chemical exposure and the level and type of field decontamination performed on the child(ren).
5. **Criminal Investigation:** The investigation of the child endangerment case shall be conducted or coordinated by the investigating officer assigned to investigate the case from the jurisdiction's clandestine laboratory response team (the Police Case Agent). The Police Case Agent is responsible for documenting in writing and in photographs the children's access and exposure to the chemicals and other hazards associated with the clandestine production of methamphetamine, and shall secure the children's clothing at the scene or the hospital. Further, the Police Case Agent shall determine, based on the age of the children, the emotional condition of the children, and the totality of existing circumstances whether interviewing the children is in the best interests of the children. If an interview or interviews are warranted, the Police Case Agent is responsible for conducting or coordinating the interviews under circumstances, which are least likely to cause further emotional trauma to the children. The Police Case Agent shall also include with the case materials the identity of the contaminated waste removal contractor, together with a copy of the contractor's manifest.
6. **Child Placement:** The determination of the appropriate temporary placement of a child found in a methamphetamine laboratory is the responsibility of the responding DHS personnel. The on-scene law enforcement officers are to assist the DHS personnel in the

evaluation of the best temporary placement by investigating the criminal history, law enforcement involvement, and/or overall suitability of potential temporary placements by database and other reasonable inquiries. The Police Case Agent shall complete a custody report when the child is not placed with a parent and will fax the custody report to Juvenile Court Intake at 503-988-3140. The custody report shall specify why the child was not placed with a parent.

7. **Notification to District Attorney:** The Police Case Agent shall notify the DEC Liaison at the District Attorney's Office the next business morning, or sooner when necessary to protect the children, whenever children are taken into protective custody at a methamphetamine laboratory. The identity of the DHS staff involved in the temporary placement of the children shall be included in the information provided by the Police Case Agent to the DEC Liaison in this notification.
8. **Assembly of Criminal Case Materials:** The Police Case Agent shall be responsible for assembling the investigative; EMS; HazMat; interview; and, to the extent allowed by law, the DHS assessment and medical evaluation and testing reports, for presentation to the DEC liaison of the District Attorney's Office for prosecution of the child endangerment charges along with the underlying drug charges.

If not previously provided, the police case agent shall distribute a copy of his/her investigative reports to the Child Abuse Hotline when the reports are submitted to the District Attorney's Office for prosecution.

9. **Advance DHS Notification:** Whenever police have advance notice that children may be present at a methamphetamine lab at which the police intend to execute a search warrant or conduct a knock-and-talk investigation, they shall contact the Child Abuse Hotline at 503-731-3100 to ensure a DRS is available to assist the children, if necessary. DHS shall provide to the police database information regarding prior child abuse or neglect referrals, vital records, tax information, and other government database information concerning the targets of the police investigation when such information is to be used in furtherance of a joint police-DHS child endangerment investigation, including investigations into drug-related activities which may pose dangers to children.

10. **Suspected Physical or Sexual Abuse:** In all cases in which physical or sexual abuse of a child is suspected, the Police Case Agent shall immediately notify the Child Abuse Hotline at 503-731-3100, and shall document this notification in the case agent's investigative reports. The Child Abuse Hotline shall cross-report this information to the CAT Detective Sergeants who will assess whether or not an immediate CAT Detective response is required under the MDT protocol.

B. Level II Response: Children Exposed to the Sale, Use or Possession of Controlled Substances

1. **Initial Police Assessment:** Police officers who encounter children during investigations of the sale and possession of controlled substances shall evaluate the children's access to the controlled substances, the physical condition of the children, and the level of care being provided to the children by the responsible adults. Where any of these factors indicate that the children are at risk of harm or neglect, the police shall notify the Child Abuse Hotline at 503-731-3100 so the need for a DRS response can be evaluated.

A child may be taken into **protective custody** when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare (ORS 419B.150). If a child is taken into protective custody, the police case agent will complete a custody report and fax it to Juvenile Court intake at 503-988-3140.

2. **Criminal Investigation:** Regardless of whether a DRS responds or the children are placed in protective custody, the Police Case Agent shall include in his/her investigative reports documentation and photographs of the presence and /or association of children with the target location of the drug-related investigation. This documentation should include the identity of the children found in or associated with the residence and their relationship to the responsible adults; the circumstances in which the children were found; the physical condition and overall appearance of the children; the availability of essential food; the sleeping arrangements of the children; and the condition of the adults in whose care they were found.

Photographs should capture all potential hazards to the children and document living conditions indicative of neglect or endangerment, including, but not limited to: drugs and drug paraphernalia (e.g., razor blades, syringes, pipes); booby traps

(e.g., trip wires for explosives, pongee sticks, and chemical devices); exposed wiring; refrigerator (absence or presence of food and the age dates on food containers, chemicals stored adjacent to consumables); sleeping areas (dirty sheets/blankets, no bed linens, stained/soiled mattresses); bathroom facilities (inoperable toilet, filthy sink/bathtub, access to medicines, razor blades, etc.); guns (note if loaded), knives and other weapons; pornographic materials (e.g., photographs, videos or sex toys); accessibility of children to any other hazards (measure relationship of child's height to location of drugs, drug paraphernalia, chemicals, weapons, raw sewage, feces, broken windows and other unsafe conditions).

3. **Assembly of Criminal Case Materials:** The Police Case Agent shall ensure that reports and photographs of drug-related child endangerment or neglect investigations are prepared and distributed as soon as practicable, and shall distribute a copy of the investigative reports to the Child Abuse Hotline when they are submitted to the DEC Liaison at the District Attorney's Office for prosecution.
4. **Advance DHS Notification:** Whenever police have advance notice that children may be present at a location which is the target of an investigation into the sale or possession of controlled substances, they shall contact the Child Abuse Hotline at 503-731-3100. DHS shall provide to the police database information regarding prior child abuse or neglect referrals, vital records, tax information, and other government database information concerning the targets of the police investigation when such information is to be used in furtherance of a joint police-DHS child endangerment investigation, including investigations into drug-related activities which may pose dangers to children.
5. **Other Level II Response Procedures:** In Level II response situations to which DHS responds and/or in which a child is taken into protective custody, the protocol shall otherwise conform to that of a Level I response.

V. **DEPARTMENT OF HUMAN SERVICES (DHS) PROTOCOL FOR MULTNOMAH COUNTY**

A. **Administration**

1. **Applicability of Protocol:** This DHS protocol is intended to cover DHS Child Protective Services (CPS) workers' response to, and investigation of, drug-endangered children.
2. **Staffing:** Multnomah County DHS currently has CPS workers available for immediate joint response with police agencies (from 8 AM to 10 PM Monday through Friday, and from Noon to 10 PM Saturday and Sunday, excluding holidays). Multnomah DHS will designate between 5 and 8 Drug Response Specialists (DRS). The DRS will be trained jointly with police. The Child Abuse Hotline will be available to police agencies 24 hours a day, 7 days a week. The Child Abuse Hotline will have access to a DRS or CPS manager for consultation and response as appropriate.
3. **Screening:** All calls covered by this protocol will be directed to a Child Abuse Hotline screener, who will initiate a DHS 307 form. DHS 307 forms, which give DHS the legal basis to begin an investigation, must be initiated for all DHS Child Welfare field assessments. The Child Abuse Hotline screener will check DHS's history and do applicable criminal records check. Screening decisions about when DHS will respond, i.e., immediately or within 5-days, will be made based on child safety, coordination/planning with police agencies and other relevant factors. A 5-day response may be indicated if extensive response planning is necessary with police agencies. The decided DHS response will be communicated to and coordinated with the responding police agent.
4. **DHS On-Site Safety Assessment of Drug-Endangered Children:** DHS shall conduct a safety assessment in accordance with DHS procedures, and shall inform investigating police officers when immediate protective custody is warranted. Police officers also have the authority to take a child into protective custody when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare. (ORS 419B.150).

B. **DHS Response to Drug-Endangered Children**

1. **Police-Initiated Requests for Joint Response With Advance Notice:** When police become aware of drug-endangered children

during the course of a criminal investigation, the following steps will be taken:

- a. The police call the Child Abuse Hotline at 503-731-3100.
- b. The Child Abuse Hotline screener initiates a 307.
- c. If the call is received during business hours and does not require an immediate joint response, the Child Abuse Hotline screener notifies the CPS unit for assignment to a Drug Response Specialist (DRS).
- d. If the call is received outside business hours or requires an immediate joint response, the Child Abuse Hotline screener will page the on-call manager/supervisor.

2. **Police-Initiated Requests for *Immediate Joint Response With No Advance Notice*:** When police encounter drug-endangered children without forewarning, such as when a methamphetamine lab is unexpectedly discovered and children are present, the following steps will be taken:

- a. The police call the Child Abuse Hotline at 503-731-3100.
- b. The Child Abuse Hotline screener initiates a 307.
- c. After screening, the Child Abuse Hotline will coordinate/plan DHS response which may include a DRS going to the location.

In the event a DRS is contacted directly by police, the DRS will contact the Child Abuse Hotline to initiate a 307.

3. **DHS-Initiated Requests for *Immediate Joint Response Following Call to Child Abuse Hotline*:** When the Child Abuse Hotline receives a report of children exposed to the sale, manufacture or possession of controlled substances, the screener shall attempt to obtain the following information to assist in the determination of whether an immediate joint response is necessary:

- a. The detail of the report, including the description of the reported address; the number, identity and/or description(s) of the responsible adult(s); the number, identity and/or description(s) of the endangered children; the nature of the danger to the children; the living conditions of the children; the presence, recency, and frequency of chemical odors;

chemicals observed at the location; specific observations of drug activity; information concerning the presence of weapons; and any other dangers observed by the caller.

- b. Where information obtained from the caller does not by itself require an immediate joint response, the screener shall attempt to obtain relevant information from the applicable police agency concerning the subjects of the complaints, and whether the police agency is aware of the location and/or circumstances reported to the Hotline.

Where a Hotline caller reports circumstances indicating an immediate danger to children, the Hotline screener shall call 9-1-1 and report the information for an immediate emergency services response, and shall thereafter initiate a 307 and notify the CPS Unit (if during business hours) or the on-call manager/supervisor (if not during business hours) for an immediate joint response.

4. **DHS-Initiated Requests for Immediate Joint Response Following DHS Employee Observations:** DHS personnel who encounter potential drug-endangered children during home visits or in other field situations shall follow statewide DHS safety protocol, and shall call 9-1-1 and/or the Child Abuse Hotline, as appropriate.

C. **DHS Facilitation of Medical Evaluation, Testing, and Follow-Up**

1. **DHS Coordination of Immediate Medical Evaluation and Testing:** DHS shall ensure that children found at methamphetamine laboratories are taken to the Legacy Emanuel Hospital Emergency Department (ED) for a medical evaluation and testing as soon as possible, but in no event later than 12 hours from the time the children were removed from the location.

If a child has been exposed to a methamphetamine laboratory but the child is not discovered at the time of the laboratory seizure, the child should still be brought to the ED if the child is located within 48 hours of the child's exposure to the methamphetamine laboratory.

2. DHS will notify Legacy Emanuel Emergency Department (ED) at (503) 413-4121 as soon as possible regarding the number of drug-endangered children to be transported to the ED for medical evaluation and testing.

3. **Obtaining Decontamination Information:** If responsible for the transport of the drug-endangered children for medical evaluation and testing, the DRS or DHS designee shall determine from on scene personnel the type of decontamination performed on scene and the need for further decontamination at the Emergency Department. The DRS or DHS designee shall obtain from on scene personnel the completed “Child Chemical Exposure Checklist” for presentation to Emergency Department personnel. The DRS or DHS designee should have clothing available for post decontamination transport to the Emergency Department or temporary shelter care.
4. Contaminated children report to the ED ambulance bay. Otherwise, children are presented to the ED admittance desk.
5. **Obtaining Medical History:** DHS shall attempt to obtain information on the medical histories, allergies, current prescriptions, and other historical health information from the parents or other adults present at the location of the endangerment. In addition, DHS shall attempt to obtain consent for medical evaluation and testing from the parents or guardians of the drug-endangered children.
6. **CARES Northwest Referral:** If a CARES Northwest interview is warranted by information obtained during the investigation conducted pursuant to this protocol, DHS personnel shall ensure that the interview is timely conducted.
7. **DHS Long-Term Follow-Up:** DRS or other DHS personnel shall thereafter ensure that children taken into protective custody pursuant to this protocol are examined by medical and mental health personnel as needed. This follow-up is to include, at a minimum, within one month of the drug-related exposure, the following:
 - a. Abnormal lab tests repeated.
 - b. Complete a developmental and mental health assessment.
 - c. HIV tests per DHS policy.

**VI. LEGACY EMANUEL HOSPITAL AND CARES NORTHWEST
PROTOCOL FOR DRUG-ENDANGERED CHILDREN**

A. Overall Risk Assessment for Drug-Endangered Children

1. Medical Risks for Children:

- a. Explosion and fire risk.
- b. Injury from direct contact with caustic materials.
- c. Long-term risk from exposure to environmental contamination.
- d. Exposure to weapons/violence associated with criminal commerce.
- e. Increased risk for sex abuse, physical abuse, emotional abuse and neglect.

2. Routes of Potential Exposure:

- a. Injection.
- b. Ingestion.
- c. Inhalation.
- d. Absorption.

3. Symptoms and Target Organs:

- a. **Solvents:** Acetone, ether, methanol and white gas.
 - o Symptoms: Irritation to skin, eyes, nose and throat; headache; dizziness; central nervous system depressant; nausea; emesis; visual disturbances.
 - o Target organs: eyes, skin, respiratory system, central nervous system.
- b. **Corrosives/Irritants:** hydriodic acid, hydrochloric acid, phosphine, sodium hydroxide, sodium thiosulfate, and sulfuric acid.

- Symptoms: Irritation to upper respiratory tract, cough; eye, skin burns; gastrointestinal disturbances; thirst; chest tightness; dyspnea; muscle pain; syncope convulsions.
 - Target Organs: eyes, skin and respiratory tract.
- c. Metals/Salts:** iodine, red phosphorus and yellow phosphorus.
- Symptoms: irritation to eyes, skin, nose, respiratory tract; lacrimation; headache; chest tightness; cutaneous hypersensitivity; abdominal pain; jaundice.
 - Target organs: eyes, skin, respiratory system, central nervous system, liver, kidneys, blood, cardiovascular system.

B. Notification and Presentation of Drug-Endangered Children to Legacy Emanuel Emergency Department (ED)

1. Drug-endangered children who are subject to medical evaluation and testing pursuant to this protocol are to be taken to the Legacy Emanuel ED ASAP or within **12 hours*** of their removal from a methamphetamine laboratory. (*If a child has been exposed to a methamphetamine laboratory but the child is not discovered at the time of the laboratory seizure, the child shall be brought to the ED, if the child is located within 48 hours of the child's exposure to the methamphetamine laboratory.)
2. DHS or police will notify Legacy Emanuel Emergency Department ("ED") at (503) 413-4121 as soon as possible regarding the number of drug-endangered children to be transported to the ED for medical evaluation and testing.
3. A "Child Chemical Exposure Checklist" will be presented at the ED with drug-endangered child(ren) as soon as possible or the information may be provided by phone. This informs the ED of all available information regarding potential chemical exposure and the level and type of field decontamination performed on the child(ren). Children will be decontaminated prior to being transported to the ED unless medical instability requires immediate transportation.

4. Contaminated children report to the ED ambulance bay.
Otherwise, children are presented to the ED admittance desk.

C. Emergency Department Evaluation and Testing of Drug-Endangered Children

1. **ED Nurse:** Upon DHS or police request for a drug-endangered child evaluation, the ED Nurse shall do the following:
 - a. ED nurse shall immediately obtain a **urine sample** from the child(ren), with appropriate chain of evidence (use Legacy/MetroLab's Chain of Custody and Control (Non-regulated) Form 1. In the Donor consent and signature area, simply indicate, Ordered as per DEC, followed by the collectors/nurse initials and date. Make sure that the evidential security seal is properly attached, initialed, and dated on all containers collected.
 - b. Notify Legacy Emanuel toxicology lab that a specimen needs to be transported to MetroLab for testing of a drug-endangered child.

MetroLab Notification Information:

Client Services: 7:00 am to 7:00 pm (M-F)

Phone number (503) 413-5295

Or 24 hour # is (503) 413-4812

2. **ED Nurse:** The ED nurse will obtain a medical history and vital signs, including the following:
 - a. Temperature
 - b. Blood pressure
 - c. Pulse
 - d. Respirations
3. **ED Physician:** The ED doctor will complete a physical exam to include, but not limited to:
 - a. Unusual odors
 - b. Hygiene
 - c. Neurological abnormalities
 - d. Cardiac or pulmonary findings

- e. Skin/Hair findings, including injuries, lesions and foreign substances and stains, which should be collected and/or photographed if possible.
- f. Ano-genital exam

Follow-up recommendations will include: (1) repeating abnormal lab tests; (2) completion of a developmental and mental health assessment; (3) HIV testing, if appropriate; (4) other medical follow-up based upon exam findings; and (5) referral to CARES Northwest for triage.

4. **Laboratory Testing Ordered by ED:**

- a. The **urine testing** to be ordered by the ED is:
 - 1) Complete urine drug screen to include Methamphetamine/Amphetamine. (Panel: OR DP10A32)
 - 2) Specific order for most likely drugs/chemicals the child was exposed to, e.g. methamphetamine or amphetamine, cocaine, etc. Order Notes: Include in order notes for the drug tests, that if preliminary drug screen is **negative** to perform the appropriate **retest** confirmation procedure(s) for the drug(s) listed. This will then cue the lab to run the confirmation test to the limits of detection.
 - 3) ED or Emanuel laboratory staff are **not** to use the onsite screening devices for screening. Drug screens must be performed at MetroLab.
- b. ED will order **serology testing** and follow up on the following additional labs:
 - 1) Comprehensive Metabolic Panel (includes electrolytes and liver function test). 2 ml plasma or serum.
 - 2) Complete blood count 1 ml whole blood, EDTA.
 - 3) Lithium level. 1 ml serum or plasma, gold or green top tube.

4) If specific information accompanies the patient regarding type of materials utilized in the manufacturing of the drug, MD may wish to order additional studies (e.g., if method of manufacturing was NOT ephedrine based may wish to order lead or heavy metal analysis).

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5) The Methamphetamine order set will list the lab studies in descending order of importance. Lab personnel will run the studies at the top of the order set first and proceed down the list until the specimen is exhausted.

ED can discharge the patient prior to all lab results being available if DHS or the guardian has a reliable plan for how the ED can contact them if lab results require immediate follow-up. ED MD should write an order "may discharge patient when labs are in progress."

6) ED can consider hair analysis in unique situations where past exposure should be documented and the child will NOT be accessible to DHS/LEA in the future. Obtain a pencil size width of hair, cut NOT pulled at the scalp. Place and fold up hair clippings in a piece of aluminum foil and seal in forensic envelope, label and submit to Metrolab, under chain of custody. Also note any signs of hair coloring or bleach with which the child's hair may have been washed or treated.

c. ED will request lab results be sent to:
CARES Northwest
Phone number (503) 331-2400
Fax number (503) 331-2405

5. Additional ED Notifications/Referrals:

a. ED is to notify the DHS Child Abuse Hotline at (503) 731-3100 if concerns of physical or sexual abuse develop during the medical evaluation, or if crisis intervention is needed. The Child Abuse Hotline will cross report this information to the CAT Detective Sergeants who will assess the need for an immediate CAT Detective response under the MDT protocol.

- b. Physician is to dictate a STAT report and request copy to CARES Northwest. ED is to fax the initial ED report, including lab test results, to CARES Northwest.
- c. ED will refer all drug-endangered children to CARES Northwest for further triage to determine if CARES Northwest interview or exam is indicated.

D. CARES Northwest Assessment and Follow-Up

1. **Notification of Potential Drug-Endangerment:** CARES Northwest will send lab results to the child's medical provider and to the DHS worker sited at CARES NW or directly to the assigned DHS caseworker along with the letter *Information for Health Care Providers – Children Exposed to Methamphetamine Labs*.
2. **Medical Evaluation and Test Results:** CARES Northwest will promptly forward ED report and lab results to the Multnomah County CAT law enforcement officer assigned to CARES Northwest. The Multnomah County CAT law enforcement officer assigned to CARES Northwest shall forward the medical evaluation and lab test results to the DEC liaison of the District Attorney's office and to the CAT Detective Sergeants.

**VII. MULTNOMAH COUNTY DISTRICT ATTORNEY'S OFFICE
PROTOCOL**

A. DEC Liaison Responsibilities

1. **DEC Liaison Appointment:** A DEC liaison shall at all times be designated within Unit B (the drug and vice prosecution unit) of the Multnomah County District Attorney's Office.
2. **DEC Liaison to Receive DEC Reports:** The DEC liaison shall be the recipient of DEC investigation notifications and case referrals by law enforcement agencies within Multnomah County.
3. **Investigative Assistance to Police and DHS:** Upon contact by a police case agent or DHS personnel involved in a DEC investigation, the DEC liaison for the District Attorney's Office shall coordinate and assist with the lawful seizure of DEC-related evidence, including assisting in the drafting of search warrant affidavits, and any other required court authorization for the seizure or obtaining of evidence pertaining to the DEC investigation.
4. **Notification Requirements:** When notified of a DEC investigation or DEC-related arrest, the DEC liaison at the District Attorney's Office shall ensure that the Child Abuse Hotline has been notified of the child endangerment allegations, and shall ensure that DHS has been informed of the relevant information needed to evaluate the safety of the drug-endangered children.
5. **Coordination with Juvenile DDAs:** The DEC liaison at the District Attorney's Office shall ensure that all information garnered during the criminal investigation is communicated to the deputy district attorney assigned to the dependency and/or termination of parental rights case.
6. **Prosecution of DEC Cases:** The DEC liaison at the District Attorney's Office or his/her designee is responsible for screening and presenting the drug and child neglect/endangerment case for prosecution in a timely fashion.
7. **Assignment of Victim's Advocate in DEC Cases:** The DEC liaison at the District Attorney's Office shall ensure a Victim's Advocate is assigned when children may be required to testify in a prosecution resulting from a DEC investigation.

8. **Sentencing Considerations:** The DEC liaison shall be responsible for communicating with assigned DHS personnel and deputy district attorneys assigned to any pending dependency or termination case before entering into a plea agreement with the defendant(s) to ensure that an appropriate sentence is recommended, and, where applicable, that appropriate conditions of probation are in place to address the parenting concerns.
9. **Restitution:** The DEC liaison shall include in any pre-trial offer a requirement that the offender pay restitution for costs incurred in the medical evaluation, testing, and treatment of any drug-endangered children which resulted from the offender's criminal activities. Other related restitution shall be sought as well, including that associated with clean-up of the contaminated site, and HazMat response expenses.
10. **Communication with Other Interested Agencies:** The DEC liaison shall communicate the outcome of any drug prosecution involving child endangerment charges to interested DHS and dependency or termination deputy district attorneys.

EXHIBIT ONE

GLOSSARY

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Level I Response: Children Found at Methamphetamine Laboratories.

Level II Response: Children Exposed to the Sale, Use or Possession of Controlled Substances.

CARES, NW: Child Abuse Response and Evaluation Services (CARES), N.W.

DRS: Department of Human Services (DHS) Drug Response Specialist.

Police Case Agent: Lead investigating police officer.

EXHIBIT TWO

CHILD CHEMICAL EXPOSURE CHECKLIST

The below listed child(ren) may have been exposed to chemicals used in the manufacture of illegal drugs:

Child(ren)'s name(s);
dates of birth and address: _____

Date of Protective Custody: _____

Address of illegal lab
or contaminated residence: _____

Police Agency: _____

Police Case Agent
Name & Cell Number: _____

Illegal lab type: _____

Decontamination:

_____ No. If no, why not? _____

_____ Yes. If yes, type of decontamination: _____

EXHIBIT THREE

CARES NORTHWEST

Date _____

Re: Child _____

Date of birth _____

Dear Dr _____:

Your above-named patient was evaluated at Legacy Emanuel Hospital & Health Centers Emergency Department on _____ under the Multnomah County Drug Endangered Child Protocol (DEC).

- For your review, the completed lab studies and their results are attached. Medical staff at CARES Northwest have additionally reviewed this information as outlined in the Multnomah County Drug Endangered Child Protocol.
- This child was seen for _____ at CARES Northwest. The report from the evaluation will be sent to you upon completion.
- This child was not seen at CARES Northwest because _____

Our recommendations for follow-up regarding this child's exposure to drugs are as follows:

- Heavy Metals Panel (arsenic, mercury, and lead)
- Urine nucleic acid amplification test for chlamydia/gonorrhea
- RPR/syphilis
- Referral to counseling services
- Other _____

If you have any questions regarding the DEC Protocol, contact Karen Phifer at: 503-331-2414.

Sincerely,

Examiner, CARES Northwest

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EXHIBIT FOUR

163.547 Child neglect in the first degree. (1)(a) A person having custody or control of a child under 16 years of age commits the crime of child neglect in the first degree if the person knowingly leaves the child, or allows the child to stay:

(A) In a vehicle where controlled substances are being criminally delivered or manufactured;

(B) On premises and in the immediate proximity where controlled substances are criminally delivered or manufactured for consideration or profit; or

(C) In or upon premises that have been determined to be not fit for use under ORS 453.855 to 453.912.

(b) As used in this subsection, “vehicle” and “premises” do not include public places, as defined in ORS 161.015.

(2) Child neglect in the first degree is a Class B felony.

(3) Subsection (1) of this section does not apply if the controlled substance is marijuana and is delivered for no consideration. [1991 c.832 §1; 2001 c.387 §1; 2001 c.870 §11]

163.575 Endangering the welfare of a minor. (1) A person commits the crime of endangering the welfare of a minor if the person knowingly:

(a) Induces, causes or permits an unmarried person under 18 years of age to witness an act of sexual conduct or sadomasochistic abuse as defined by ORS 167.060; or

(b) Permits a person under 18 years of age to enter or remain in a place where unlawful activity involving controlled substances is maintained or conducted; or

(c) Induces, causes or permits a person under 18 years of age to participate in gambling as defined by ORS 167.117; or

(d) Distributes, sells, or causes to be sold, tobacco in any form to a person under 18 years of age; or

(e) Sells to a person under 18 years of age any device in which tobacco, marijuana, cocaine or any controlled substance, as defined in ORS 475.005, is burned and the principal design and use of which is directly or indirectly to deliver tobacco smoke, marijuana smoke, cocaine smoke or smoke from any controlled substance into the human body including but not limited to:

(A) Pipes, water pipes, hookahs, wooden pipes, carburetor pipes, electric pipes, air driven pipes, corncob pipes, meerscham pipes and ceramic pipes, with or without screens, permanent screens, hashish heads or punctured metal bowls;

(B) Carburetion tubes and devices, including carburetion masks;

(C) Bongs;

(D) Chillums;

(E) Ice pipes or chillers;

(F) Cigarette rolling papers and rolling machines; and

(G) Cocaine free basing kits.

(2) Endangering the welfare of a minor by violation of subsection (1)(a), (b), (c) or (e) of this section, involving other than a device for smoking tobacco, is a Class A misdemeanor.

(3) Endangering the welfare of a minor by violation of subsection (1)(d) of this section or by violation of subsection (1)(e) of this section, involving a device for smoking tobacco, is a Class A violation and the court shall impose a fine of not less than \$100. [1971 c.743 §177; 1973 c.827 §20; 1979 c.744 §8; 1981 c.838 §1; 1983 c.740 §31; 1991 c.970 §5; 1995 c.79 §52; 1999 c.1051 §153]

167.262 Adult using minor in commission of controlled substance offense. (1) It is unlawful for an adult to knowingly use as an aider or abettor or to knowingly solicit, force, compel, coerce or employ a minor, with or without compensation to the minor:

(a) To manufacture a controlled substance; or
(b) To transport, carry, sell, give away, prepare for sale or otherwise distribute a controlled substance.

(2)(a) Except as otherwise provided in paragraph (b) of this subsection, violation of this section is a Class A felony.

(b) Violation of this section is a Class A misdemeanor if the violation involves delivery for no consideration of less than five grams of marijuana. [1991 c.834 §1]

419B.005 Definitions. As used in ORS 418.747, 418.748, 418.749 and 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are defined in ORS chapter 163.

(D) Sexual abuse, as defined in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution, as defined in ORS chapter 167.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in a place where methamphetamines are being manufactured.

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who is under 18 years of age.

(3) "Public or private official" means:

(a) Physician, including any intern or resident.

(b) Dentist.

(c) School employee.

(d) Licensed practical nurse or registered nurse.

(e) Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Licensed clinical social worker.

(j) Optometrist.

(k) Chiropractor.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Naturopathic physician.

(o) Licensed professional counselor.

(p) Licensed marriage and family therapist.

(q) Firefighter or emergency medical technician.

(r) A court appointed special advocate, as defined in ORS 419A.004.

(s) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

(t) Member of the Legislative Assembly.

(4) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) Any county sheriff's office.

(c) The Oregon State Police.

(d) A county juvenile department. [1993 c.546 §12; 1993 c.622 §1a; 1995 c.278 §50; 1995 c.766 §1; 1997 c.127 §1; 1997 c.561 §3; 1997 c.703 §3; 1997 c.873 §30; 1999 c.743 §22; 1999 c.954 §4; 2001 c.104 §148; 2003 c.191 §1]

419B.502 Termination upon finding of extreme conduct. The rights of the parent or parents may be terminated as provided in ORS 419B.500 if the court finds that the parent or parents are unfit by reason of a single or recurrent incident of extreme conduct toward any child. In such case, no efforts need to be made by available social agencies to help the parent adjust the conduct in order to make it possible for the child or ward to safely return home within a reasonable amount of time. In determining extreme conduct, the court shall consider the following:

- (1) Rape, sodomy or sex abuse of any child by the parent.
- (2) Intentional starvation or torture of any child by the parent.
- (3) Abuse or neglect by the parent of any child resulting in death or serious physical injury.
- (4) Conduct by the parent to aid or abet another person who, by abuse or neglect, caused the death of any child.
- (5) Conduct by the parent to attempt, solicit or conspire, as described in ORS 161.405, 161.435 or 161.450 or under comparable laws of any jurisdiction, to cause the death of any child.
- (6) Previous involuntary terminations of the parent's rights to another child if the conditions giving rise to the previous action have not been ameliorated.
- (7) Conduct by the parent that knowingly exposes any child of the parent to the storage or production of methamphetamines from precursors. In determining whether extreme conduct exists under this subsection, the court shall consider the extent of the child or ward's exposure and the potential harm to the physical health of the child or ward. [1993 c.33 §139; 1995 c.767 §1; 1997 c.873 §5; 1999 c.859 §16; 2001 c.575 §1; 2001 c.686 §23; 2003 c.396 §84]

475.986 Application of controlled substance to the body of another person; prohibition. (1) Except as authorized by ORS 475.005 to 475.285 or 475.940 to 475.999, it is unlawful for any person to intentionally apply a controlled substance to the body of another person by injection, inhalation, ingestion or any other means if the other person is under 18 years of age. A person who violates this section with respect to:

- (a) A controlled substance in Schedule I or II, is guilty of a Class A felony classified as crime category 9 of the sentencing guidelines grid of the Oregon Criminal Justice Commission.
 - (b) A controlled substance in Schedule III, is guilty of a Class B felony classified as crime category 8 of the sentencing guidelines grid of the Oregon Criminal Justice Commission.
 - (c) A controlled substance in Schedule IV, is guilty of a Class C felony.
 - (d) A controlled substance in Schedule V, is guilty of a Class A misdemeanor.
- (2) It is a defense to a charge of violating subsection (1) of this section by applying marijuana that the person applying the marijuana was less than three years older than the victim at the time of the alleged offense. [2001 c.857 §2]

475.995 Penalties for distribution to minors. Except as authorized by ORS 475.005 to 475.285 and 475.940 to 475.999, it is unlawful for any person to deliver a controlled substance to a person under 18 years of age. Any person who violates this section with respect to:

- (1) A controlled substance in Schedule I or II, is guilty of a Class A felony.
- (2) A controlled substance in Schedule III, is guilty of a Class B felony.
- (3) A controlled substance in Schedule IV, is guilty of a Class A misdemeanor.
- (4) A controlled substance in Schedule V, is guilty of a Class B misdemeanor.
- (5) Notwithstanding the placement of marijuana in a schedule of controlled substances under ORS 475.005 to 475.285 and 475.940 to 475.999, and notwithstanding ORS 475.992 (2), delivery of marijuana to a minor is a Class A felony if:
 - (a) The defendant is 18 years of age or over; and
 - (b) The conviction is for delivery of marijuana to a person under 18 years of age who is at least three years younger than the defendant. [1977 c.745 §20; 1979 c.777 §56; 1995 c.440 §38]

475.999 Penalty for manufacture or delivery of controlled substance within 1,000 feet of school. Except as authorized by ORS 475.005 to 475.285 and 475.940 to 475.999, it is unlawful for any person to:

- (1) Manufacture or deliver a schedule I, II or III controlled substance within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors.
 - (a) Unlawful manufacture or delivery of a controlled substance within 1,000 feet of a school is a Class A felony.
 - (b) Notwithstanding the provisions of paragraph (a) of this subsection, delivery for no consideration of less than five grams of the dried leaves, stems and flowers of the plant Cannabis family Moraceae in a public place, as defined in ORS 161.015, that is within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors to a person who is 18 years of age or older is a Class C misdemeanor.
- (2)(a) Possess less than one avoirdupois ounce of the dried leaves, stems and flowers of the plant Cannabis family Moraceae in a public place, as defined in ORS 161.015, that is within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors.
 - (b) Possession of less than one avoirdupois ounce of the dried leaves, stems and flowers of the plant Cannabis family Moraceae in a public place that is within 1,000 feet of a school is a Class C misdemeanor. [1989 c.806 §2; 1991 c.574 §1; 1993 c.78 §1; 1995 c.343 §49; 1995 c.440 §39]

EXHIBIT FIVE

CONTACT INFORMATION

1. CARES, NW: 503-331-2400
Fax #: 503-331-2405

2. District Attorney:
 Drug Prosecutor: 24-HR Cell Phone: 971-506-4405
 Juvenile Court Prosecutor: 24-HR Pager: 503-202-3833
 MDT/CAT Prosecutor: 24-HR Pager: 503-274-5570
 General On-Call Prosecutor: 24-HR Pager: 503-274-5773

3. Juvenile Court Intake: 503-988-3475
Fax#: 503-988-3140

4. Legacy Emanuel Emergency Department: 503-413-4121
Fax#: 503-413-2836

5. MetroLab Client Services: 503-413-5295 (M-F, 0700-1900)
503-413-4812 (24 Hr. #)

6. Multnomah County Child Abuse Hotline: 503-731-3100
Fax#: 503-731-3080

7. PPB Family Services Division Child Abuse Team (CAT): 503-988-6400
Cell: 503-793-1532
Fax#: 503-988-6435
After hours call Child Abuse Hotline at 503-731-3100 who can page a Sergeant