

DRUG ENDANGERED CHILDREN

MULTI-DISCIPLINARY RESPONSE PROTOCOL

Washington County, Oregon

sponsored by
The Child Abuse MDT of Washington County

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**WASHINGTON COUNTY PROTOCOL
FOR DRUG-ENDANGERED CHILDREN (DEC)**

Introduction and Purpose

Innocent children are sometimes found in environments where methamphetamine and other illegal substances are produced, sold, or used. Nationally, Drug Endangered Children (DEC) programs have been developed to coordinate the efforts of law enforcement, medical services, and child welfare workers to ensure that children who live in or frequent these sites receive appropriate attention and care.

This protocol has been prepared through a collaboration of allied agencies in Washington County to address a multi-disciplinary approach that provides intervention and assistance to drug endangered children. Although our community continues to experience a decrease in the numbers of clandestine methamphetamine lab seizures, an alarming number of children reside in homes where parents are involved in methamphetamine and other drug use, as well as criminal behavior, leaving them extremely vulnerable to abuse, neglect, and endangerment.

This protocol provides for a coordinated interagency response to children who are exposed to the manufacture, sale, or use of illicit drugs.

Participants

Although each of the participants have different functions within the community, it is agreed that a coordinated, interagency response best advances the goal of child protection. Representatives from the following agencies have participated in the development and/or implementation of this protocol in Washington County.

Washington County Sheriff's Office (also currently serving the cities of Banks and Gaston)

Other Police Agencies Serving Washington County

- Beaverton Police Department
- Cornelius Police Department
- Forest Grove Police Department
- Hillsboro Police Department
- King City Police Department
- North Plains Police Department
- Sherwood Police Department
- Tigard Police Department
- Tualatin Police Department
- Oregon State Police

Fire and Emergency Medical Service Providers

- Hillsboro Fire Department
- Tualatin Valley Fire & Rescue
- Washington County EMS

Department of Human Services, Washington County

Legacy Emanuel Hospital

Child Abuse Response and Evaluation Services (CARES) Northwest

Washington County District Attorney's Office

Washington County Community Corrections

Washington County Juvenile Department

Washington County Child Abuse Multi-Disciplinary Team

Washington County Commission on Children and Families

Definition of Protocol Responses

Level I Response: Initiated when children are found at clandestine drug laboratories or other drug manufacturing operations. The highest priority of this response is to determine and address the acute health and safety concerns of children as a result of exposure to drugs, toxic chemicals, and physical or sexual abuse. Other major concerns include the future health and safety of the children and their follow up care, along with the investigation of drug and child abuse or endangerment charges involving the parent or caregiver.

Level II Response: Initiated when children are exposed to the sale, use, or possession of controlled substances or found at marijuana manufacturing sites. The same priorities and concerns exist although urgency may be diminished.

Summary of Level I Response

The following is an overview of key actions that are important to secure the health and safety of drug endangered children found at clandestine drug laboratories or other drug manufacturing operations. In many situations, response from both Law Enforcement and DHS-CW will be necessary. In all cases, the health and safety of the children involved will take priority over all other concerns. Law Enforcement officers, while being aware of this priority, will have the added responsibility of identifying and preserving evidence as they proceed. For more comprehensive descriptions of the protocols for each participant, refer to subsequent sections.

IMMEDIATE RESPONSE

Law Enforcement officers or Department of Human Services (DHS) personnel who encounter **children with obvious injury or illness** will contact Fire/EMS for medical treatment and/or immediate gross decontamination prior to transport for hospital emergency care. (Currently, Legacy Emanuel Hospital Emergency Dept. is preferred due to their expertise and willingness to participate in the DEC protocol.)

If not previously notified, Law Enforcement will contact DHS Child Welfare (CW) as soon as possible via the Child Abuse Hotline at (503) 681-6917 to initiate DHS 307 forms and summon on-scene response of a DHS-CW worker. Likewise, DHS-CW will contact Law Enforcement immediately if they are not already on-scene.

If not previously notified, the Westside Interagency Narcotics (WIN) Team will be contacted directly or through Washington County dispatch. The Law Enforcement Case Agent will also consult a trained child abuse investigator at the onset of the criminal investigation.

If children exhibit no acute medical symptoms—the WIN Team or the Clandestine Lab Enforcement Team (CLET) will coordinate on scene decontamination based on the child's exposure to chemicals. Minimally, this requires washing of exposed areas of the skin with water and soap and changing the child into clean clothes. DHS-CW will provide assistance and a change of clothing.

DHS will provide non-emergency transport to Legacy Emanuel Hospital Emergency Dept. (ED) for medical evaluation and urine methamphetamine testing. Urine should be collected within **two to four** hours if possible and tested to the limits of detection. The Law Enforcement Case Agent should provide a completed "Child Chemical Exposure Checklist" to DHS for presentation to ED staff. DHS-CW shall attempt to notify the ED of transport as soon as possible @ (503) 413-4121.

Emanuel ED will address urgent medical issues, provide screening exam and order appropriate lab tests. Referrals to DHS Child Abuse Hotline and Child Abuse Response and Evaluation Services Northwest (CARES NW) will be made if concerns exist regarding physical or sexual abuse. Lab results will also be referred to CARES NW for assessment and follow up.

FOLLOW UP

DHS-CW, CARES NW, and the primary care physician will coordinate medical, developmental, and mental health follow up care for drug endangered children. The District Attorney and the Law Enforcement Case Agent will follow up with evaluation of criminal prosecution of drug and child endangerment charges.

In the event that a child is not present at the location but appears to have been living at the scene, the Law Enforcement Case Agent shall ensure that DHS-CW is notified via the Child Abuse Hotline so they may provide a follow up assessment of the child.

Summary of Level II Response

The following is an overview of key actions that are important to secure the health and safety of drug endangered children who are exposed to the sale, use, or possession of controlled substances or are found at marijuana manufacturing sites. In many situations, response from both Law Enforcement and DHS-CW will be necessary. In all cases, the health and safety of the children involved will take priority over all other concerns. Law Enforcement officers, while being aware of this priority, will have the added responsibility of identifying and preserving evidence as they proceed. For more comprehensive descriptions of the protocols for each participant, refer to subsequent sections.

IMMEDIATE RESPONSE

Law Enforcement officers will evaluate the child's access to controlled substances, physical condition, and the level of care being provided. If living conditions reasonably appear to jeopardize child's welfare, DHS-CW will be notified via the Child Abuse Hotline at (503) 681-6917.

If need exists to place children in protective custody, DHS-CW will determine the need for an immediate medical screening examination (in the case of obvious injury or illness as per the Level I Response.)

If no urgent medical issues are apparent, DHS personnel shall ensure the child receives appropriate laboratory screening. If indicated, urine collection for methamphetamine or other drug testing should occur within **two to four** hours if possible, and tested to the limits of detection. DHS-CW shall contact CARES NW on-call medical staff at (503) 331-2400 within 24 hours of removal for further medical triage decision-making.

Law Enforcement Case Agent shall conduct the criminal investigation and assemble the case materials for presentation to the District Attorney.

FOLLOW UP

DHS-CW, CARES NW, and the primary care physician will coordinate medical, developmental, and mental health follow up care for drug endangered children. The District Attorney and the Law Enforcement Case Agent will follow up with evaluation of criminal prosecution of drug and child endangerment charges.

In the event that a child is not present at the location but appears to have been living at the scene, the Law Enforcement Case Agent shall ensure that DHS-CW is notified via the Child Abuse Hotline so they may provide a follow up assessment of the child.

**LAW ENFORCEMENT
&
EMERGENCY SERVICES

PROTOCOL**

LAW ENFORCEMENT & EMERGENCY SERVICES LEVEL I RESPONSE:

Children Found at Clandestine Drug Laboratories or Other Drug Manufacturing Operations

Initial Law Enforcement Assessment: Law Enforcement officers who respond to a location where clandestine drug manufacturing is suspected and children are present, shall quickly assess whether **children have obvious injury or illness**. If indications of injury or illness exist, they will summon Fire/Emergency Medical Service (EMS) immediately for medical treatment and/or immediate gross decontamination prior to transport to an Emergency Department (ED).

Immediate notification shall also be made to the Westside Interagency Narcotics (WIN) Team, and the Department of Human Services-Child Welfare (DHS-CW) via the Child Abuse Hotline at (503) 681-6917. The WIN Team will determine whether activation of the Clandestine Drug Enforcement Team (CLET) is required. The lead investigating officer shall be referred to as the "Case Agent."

Decontamination Assessment with Acute Medical Concerns: If children are in acute medical distress, emergency decontamination shall be performed by the responding Fire/EMS personnel to the extent necessary for EMS transport, with due regard to the physical and emotional effects such decontamination will have on the children. It is preferred that children be transported to the Legacy Emanuel Hospital Emergency Department for continued care. (Legacy Emanuel ED also has decontamination facilities available.)

Decontamination Assessment with NO Acute Medical Concerns: If children are NOT in acute medical distress, WIN/CLET personnel may determine the type of decontamination necessary, taking into consideration the medical needs of the children, and with due regard to the physical and emotional effects such decontamination will have on the children.

Two options for decontamination will be considered, either "wet" or "dry." "Wet decontamination" consists of clothing removal and a thorough cleansing of the skin and hair with water and soap or some type of cleansing agent. Wet decontamination shall be performed when the child has been grossly contaminated by chemicals involved in the drug manufacturing process. "Dry decontamination" consists of washing exposed areas of the child's skin with water and soap and changing the child into clean clothes.

In the event wet decontamination is required, WIN/CLET personnel will make all available attempts to provide a private environment in which a DHS-CW worker or other suitable adult is present to assist and comfort the child. Children will be decontaminated prior to being transported to the ED unless medical instability requires immediate transportation. Clean clothing will then be provided for the child by the DHS-CW worker on-scene.

DHS-CW will notify Legacy Emmanuel Emergency Department 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. DHS-CW will arrange for the collection of urine for drug testing within **two to four hours** if possible.

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 be completed. The Law Enforcement Case Agent is responsible for completion of the checklist but may choose to assign this task to another on-scene staff member. The checklist is to be used to document information regarding potential chemical exposure and the level and type of field decontamination performed on the child. The

checklist shall then accompany the child to the ED, or shall be transmitted as soon as practicable to the hospital, to facilitate a complete medical evaluation and comprehensive laboratory testing. The information may be provided to ED staff by phone. The Child Chemical Exposure Checklist is included in this document in the “Attachment” section.

Criminal Investigation: The investigation of the child endangerment case shall be conducted or coordinated by the law enforcement agency with jurisdiction. In many situations, response from both Law Enforcement and DHS-CW will be necessary. In all cases, the health and safety of the children involved will take priority over all other concerns. Law Enforcement officers, while being aware of this priority, will have the added responsibility of identifying and preserving evidence as they proceed. The Case Agent shall consult a trained child abuse investigator to ensure thorough documentation is made, including photographs of the child’s access and exposure to the chemicals and other hazards associated with clandestine drug manufacturing. The Case Agent shall secure the child’s clothing. Care shall be taken to be responsive to potential emotional trauma to the child. The Case Agent will make a determination whether the child will be interviewed by referring to their applicable department policy and the totality of the circumstances. DHS-CW will be included whenever possible in the child interview process. The 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.

Suspected Physical Abuse: In all cases in which the physical abuse of a child is suspected, the Case Agent shall immediately notify the Child Abuse Hotline at (503) 681-6917, and document the notification. The Child Abuse Hotline shall cross-report this information to the appropriate Law Enforcement Agency (LEA). The Case Agent shall notify the law enforcement agency that has jurisdiction. The Case Agent and representative of the department with jurisdiction shall decide who will investigate the child abuse portion of the incident. If it is decided that the Case Agent will complete the investigation, the investigating officer must have the experience and knowledge to complete a thorough child abuse investigation. Cases will be evaluated and managed on an individual basis.

Suspected Sexual Abuse: In all cases in which sexual abuse of a child is suspected, the Case Agent shall immediately notify the Child Abuse Hotline at (503) 681-6917, and document the notification. The Child Abuse Hotline shall cross-report this information to the appropriate Law Enforcement Agency (LEA). The Case Agent shall notify a child abuse detective sergeant or on-duty patrol sergeant of the law enforcement agency that has jurisdiction. If it is decided that the Case Agent will complete the investigation, the investigating officer must have the experience and knowledge to complete a thorough child sex abuse investigation. Cases will be evaluated and managed on an individual basis.

Assembly of Criminal Case Materials: The Case Agent shall be responsible for assembling the investigative materials for presentation to the District Attorney’s Office for prosecution of the child endangerment charges along with the underlying drug charges. These materials may include EMS reports, WIN/CLET reports, interviews, and, to the extent allowed by law, the DHS assessment and medical evaluation and testing reports.

If not previously provided, the Case Agent shall forward a copy of his/her investigative reports to DHS-CW when the reports are submitted to the District Attorney’s Office for prosecution.

Advance DHS Notification: Whenever police have advance notice that children may be present at a location where clandestine drug manufacturing is suspected and the police intend to execute a search warrant or conduct a knock-and-talk investigation, they shall contact the Child Abuse Hotline at (503) 681-6917 to ensure a DHS-CW caseworker is available to assist

the children, if necessary. An exact address is not required, but a general location and/or zipcode should be provided. DHS-CW shall provide to Law Enforcement, information from their database regarding prior child abuse or neglect referrals, vital records, and other government database information concerning the targets of the investigation when such information is to be used in furtherance of a joint Law Enforcement/DHS-CW child endangerment investigation. This includes investigations into drug-related activities, which may pose dangers to children. If known, Law Enforcement will provide information regarding the ages and approximate clothing sizes of any children involved, to allow DHS to prepare for possible decontamination needs.

Child Placement: Temporary placement of a child is the responsibility of DHS-CW personnel. Law enforcement officers at the scene may assist DHS-CW in their evaluation of the best temporary placement by utilizing all available databases and other reasonable inquiries. If children are taken into protective custody, the Case Agent shall complete a custody report and fax the custody report to DHS by 9:00 a.m. the following day.

Follow up: In the event that a child is not present at the location but appears to have been living at the scene, the Police Case Agent shall ensure that DHS-CW is notified via the Child Abuse Hotline so they may provide a follow up assessment of the child.

LAW ENFORCEMENT & EMERGENCY SERVICES LEVEL II RESPONSE:

Children Exposed to the Sale, Use or Possession of Controlled Substances or Marijuana Manufacturing Sites.

Initial Law Enforcement Assessment: Officers who encounter children during the investigation of the sale, use, and/or possession of controlled substances or at marijuana manufacturing sites 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. If reasonable suspicion exists, DHS-CW shall be notified through the Child Abuse Hotline at (503) 681-6917.

A child may be taken into **protective custody** when the child's living 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 provide to DHS-CW and Juvenile Court by 9:00 am the following business day.

If need exists to place children in protective custody, DHS-CW will determine the need for an immediate medical screening examination (in the case of obvious injury or illness as per the Level I Response.) If no urgent medical issues are apparent, DHS personnel shall ensure the child receives appropriate laboratory screening. If indicated, urine collection for methamphetamine or other drug testing should occur within **two to four** hours if possible, and tested to the limits of detection. DHS-CW shall contact CARES NW on-call medical staff at (503) 331-2400 within 24 hours of removal for further medical triage decision-making.

Criminal Investigation: In many situations, response from both Law Enforcement and DHS-CW will be necessary. In all cases, the health and safety of the children involved will take priority over all other concerns. Law Enforcement officers, while being aware of this priority, will have the added responsibility of identifying and preserving evidence as they proceed. The Case Agent shall document and photograph the scene. This should include the identity of the children found in or associated with the residence and their relationship to the responsible party; 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, etc.); guns (note if loaded), knives and other weapons; pornographic materials (e.g., photographs, videos or sex toys); vicious animals; 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).

Suspected Physical Abuse: In all cases in which the physical abuse of a child is suspected, the Case Agent shall immediately notify the Child Abuse Hotline at (503) 681-6917, and document the notification. The Child Abuse Hotline shall cross-report this information to the appropriate Law Enforcement Agency (LEA). The Case Agent shall notify the law enforcement agency that has jurisdiction. The Case Agent and representative of the department with jurisdiction shall decide who will investigate the child abuse portion of the incident. If it is

decided that the Case Agent will complete the investigation, the investigating officer must have the experience and knowledge to complete a thorough child abuse investigation. Cases will be evaluated and managed on an individual basis.

Suspected Sexual Abuse: In all cases in which sexual abuse of a child is suspected, the Case Agent shall immediately notify the Child Abuse Hotline at (503) 681-6917, and document the notification. The Child Abuse Hotline shall cross-report this information to the appropriate Law Enforcement Agency (LEA). The Case Agent shall notify a child abuse detective sergeant or on-duty patrol sergeant of the law enforcement agency that has jurisdiction. If it is decided that the Case Agent will complete the investigation, the investigating officer must have the experience and knowledge to complete a thorough child sex abuse investigation. Cases will be evaluated and managed on an individual basis.

Assembly of Criminal Case Materials: The Law Enforcement 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 DHS-CW when they are submitted to the District Attorney's Office for prosecution.

Advance DHS Notification: Whenever Law Enforcement Officers 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) 681-6917. An exact address is not required, but a general location and/or zipcode should be provided. DHS-CW shall provide to Law Enforcement, database information regarding prior child abuse or neglect referrals, vital records, 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-CW child endangerment investigation, including investigations into drug-related activities which may pose dangers to children.

Follow up: In the event that a child is not present at the location but appears to have been living at the scene, the Law Enforcement Case Agent shall ensure that DHS-CW is notified via the Child Abuse Hotline so they may provide a follow up assessment of the child.

**DEPARTMENT
OF
HUMAN SERVICES—
CHILD WELFARE
(DHS-CW)

PROTOCOL**

DHS ADMINISTRATIVE RESPONSE

Applicability of Protocol: This DHS protocol is intended to cover DHS Child Protective Services (CPS) workers' response to, and investigation of, drug endangered children.

Staffing: Washington County DHS currently has CPS workers available for immediate joint response with Law Enforcement Agencies (LEA) from 8-5 Monday-Friday. The Child Abuse Hotline is available to LEA 24 hours a day, 7 days a week. The Hotline has access to Washington County CPS certified, on-call staff for both consultation and field response as appropriate.

Training: DHS and LEA will be trained regarding this protocol.

Screening: All child abuse/neglect (CA/N) reports covered by this protocol will be directed to a Hotline screener, who will initiate a DHS 307 form. The DHS 307 forms, which give DHS the legal basis to begin a CPS investigation, must be initiated for all DHS-CW field assessments. The screener will conduct a DHS-CW history search and do applicable criminal records checks, per DHS policy. Screening decisions about when DHS-CW will respond (i.e., within 24 hours/immediate or 5 days/impending) will be made based on child safety, coordination/planning with LEA and other relevant factors. Impending response may be indicated if extensive response planning is necessary with LEA. The decided DHS-CW response will be communicated to and coordinated with the responding police agency.

DHS-CW On-site Safety Assessment of Drug-Endangered Children: DHS shall conduct a safety assessment in accordance with DHS procedures, and shall inform the investigating officers when immediate protective custody of a child is warranted. LEA also has the authority to take children into protective custody when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare. (ORS 419B.150)

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.

- LEA will call the Child Abuse Hotline at (503) 681-6917. The Hotline screener will initiate the DHS-307 form.
- Dependent upon the nature of the report, the screener will determine the nature of the response required, in conjunction with the Intake supervisor, and facilitate that DHS personnel are assigned for a field response.

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.

- LEA will call the Child Abuse Hotline for DHS assistance.
- Hotline screener will initiate the DHS 307 form.
- Subsequent to the screening process, Washington County CPS trained staff will coordinate/plan with LEA regarding the DHS response, which may include assigning a CPS worker for an immediate field response.

- **In the extraordinary event of a DHS field staff being contacted directly by LEA, the DHS worker will contact the appropriate Hotline to initiate the 307.**

DHS-Initiated Requests for Immediate Joint Response Following Call to Child Abuse

Hotline: When the Hotline receives a report of children exposed to the sale, manufacture, or possession of illegal drugs, the screener shall attempt to obtain the following information to assist in the determination of whether an immediate joint response is necessary.

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 descriptions of the endangered children; the nature of the danger to the children; the living conditions of the children; the presence 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 reporting party.

When 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 LEA is aware of the location and or circumstances reported to the Hotline screener.

When a Hotline caller reports circumstances indicating an immediate danger to children, the screener shall call 9-1-1 and report the information for an immediate emergency services response, and shall thereafter initiate a DHS 307 and notify appropriate CPS personnel, per routine branch or after hours protocols, for an immediate joint response.

DHS-Initiated Requests for Immediate Joint Response following DHS Employee

Observations: DHS personnel who encounter potential drug-endangered children during the course of a home visit 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.

Whenever a Joint Response is Required: In many situations, response from both Law Enforcement and DHS-CW will be necessary. In all cases, the health and safety of the children involved will take priority over all other concerns. Law Enforcement officers, while being aware of this priority, will have the added responsibility of identifying and preserving evidence as they proceed.

DHS Facilitation Of Medical Evaluation, Testing, And Follow-Up: Applies when DHS has protective custody or parents have given consent. While in protective custody, medical expenses for drug endangered children are covered under the Oregon Health Plan.

DHS LEVEL I RESPONSE:

DHS Coordination of Immediate Medical Evaluation and Testing: DHS shall ensure that children found at clandestine drug manufacturing sites are taken, subsequent to site decontamination protocols, to participating medical facilities for a comprehensive physical examination. Currently, Legacy Emanuel Hospital Emergency Department (ED) is the one metro facility participating in the DEC protocol. Children shall receive a medical evaluation and testing **as soon as possible. If at all possible, the first urine sample should be collected within 2-4 hours of their removal from a clandestine drug manufacturing site.**

If the child has been exposed to clandestine drug manufacturing, but is not discovered at the time of the initial investigation, the child should still be brought to the ED if the child is located within 48 hours of the child's exposure. If exposure occurred prior to that time, information gathered by DHS regarding the exposure may be taken into consideration and the child may be referred to the ED or to other medical services for evaluation.

DHS shall notify Legacy Emanuel 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.

Obtaining Decontamination Information: If responsible for the transportation of the drug-endangered children for medical evaluation and testing, the DHS personnel shall determine from the Law Enforcement Case Agent, the type of decontamination performed on the scene and the need for any further decontamination at the ED. The DHS staff shall obtain from the Case Agent, the completed "Child Chemical Exposure Checklist" for presentation to ED staff. The DHS staff person should have clothing available for post-decontamination transport to the ED or temporary shelter care.

Children are presented to the ED admittance desk. In the extraordinary event that a child has not had at least a "dry" decontamination, report to the ED via the ambulance bay.

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 adult care-givers present at the location of the endangerment. In addition, DHS shall attempt to obtain signed legal consent/disclosure forms for securing medical history information and to allow medical evaluations and testing of the children from the parents or guardians of the drug-endangered children.

Forensic Interview Referral: If DHS and LEA determine a forensic interview of the child is warranted, the referral will be made to the appropriate program and according to standard Child Abuse MDT protocol.

DHS Long-Term Follow-Up: DHS personnel shall thereafter ensure that children taken into Protective Custody (PC) pursuant to this protocol are examined by medical and mental health professionals as needed and required by DHS policy. This follow-up is to include, at a minimum, within one month of the drug related exposure, the following:

- Abnormal lab tests repeated.
- Complete referrals for a developmental and mental health assessments.
- HIV tests per DHS policy.
- DHS Caseworker will provide to the foster parent, a copy of the letter *Information for Health Care Providers—Children Exposed to Methamphetamine Labs*. The foster parent will provide the child's current medical provider with a copy of this letter.

DHS LEVEL II RESPONSE:

DHS Coordination of Immediate Medical Evaluation and Testing: DHS shall ensure that children found in homes where heavy use, possession or consumption of illegal substances is occurring that the child receives appropriate laboratory screening. If at all possible, this should occur within **two to four** hours from the time the children were removed from the location. DHS shall contact CARES NW on-call medical staff at (503) 331-2400 within 24 hours of removal for further medical triage decision-making.

If exposure is over 48 hours, the child should be referred for a medical evaluation within 72 hours and labs within 12 hours, per DHS protocol, to medical providers who are able to collect the necessary lab information.

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.

Forensic Interview Referral: If DHS and LEA determine a forensic interview is warranted, the referral will be made to the appropriate program and according to standard MDT protocol.

DHS Long-Term Follow-Up: 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:

- Abnormal lab tests repeated.
- Complete referrals for a developmental and mental health assessments.
- HIV tests per DHS policy.
- DHS Caseworker will provide to the foster parent, a copy of the letter *Information for Health Care Providers—Children Exposed to Methamphetamine Labs*. The foster parent will provide the child's current medical provider with a copy of this letter.

**LEGACY EMANUEL HOSPITAL
&
CARES NW

PROTOCOL**

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.
 - Symptoms: Irritation to skin, eyes, nose and throat; headache; dizziness; central nervous system depressant; nausea; emesis; visual disturbances.
 - 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 and first urine sample collected within **2-4 hours*** of their removal from a clandestine drug manufacturing site. (*If the child has been exposed to clandestine drug manufacturing, but is not discovered at the time of the initial investigation, the child should still be brought to the ED if the child is located within 48 hours of the exposure.)
2. DHS or police will notify Legacy Emanuel 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 children as soon as possible or the information may be provided by phone by the police Case Agent or their designee. This informs the ED of all available information regarding potential chemical exposure and the level and type of field decontamination performed on the children. 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 children, 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, have the accompanying DHS employee or law enforcement officer sign and indicate "patient is a minor". In the Chain of Custody signature area place the collectors/nurse initials and date (please see sample Chain of Custody in DEC protocol notebook). 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 for forensic evaluations per MDT protocol.

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).
- 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 rubber band at root end of sample (consider using National Medical Services hair collection kit). Place and fold up hair clippings in a piece of aluminum foil and seal in forensic envelope, label and submit to Metro Lab 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 Washington County DHS Child Abuse Hotline at (503) 681-6917 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 appropriate LEA jurisdiction that will assess the need for an immediate LEA 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 for forensic evaluation per MDT Protocol.

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 assigned DHS worker along with the letter *Information for Health Care Providers – Children Exposed to Methamphetamine Labs*.

The DHS caseworker will provide to the foster parent a copy of the letter *Information for Health Care Providers – Children Exposed to Methamphetamine Labs*. The foster parent will provide the child's current medical provider with a copy of this letter.

2. **Medical Evaluation and Test Results:** CARES Northwest will promptly forward ED report and lab results to the assigned Police Case Agent. The assigned Police Case Agent shall forward the medical evaluation and lab test results to the District Attorney's office.

WASHINGTON COUNTY DISTRICT ATTORNEY'S OFFICE PROTOCOL

The Senior Deputy District Attorney supervising drug prosecutions or his designee shall be the recipient of all completed DEC investigations and referrals by law enforcement agencies within Washington County. He/she shall assign the case to a DDA in the Office's felony unit for review and prosecution. Although the assigned DDA is immediately responsible for handling of the case, the Supervising Senior Deputy is available to any member of law enforcement and DHS to answer questions or respond to any concern about the prosecution of a case.

Investigative Assistance to Police and DHS: Upon request by a police Case Agent or DHS personnel involved in a DEC investigation, a Washington County Deputy District Attorney ("DDA") in the Washington County DA Office's main felony unit may assist in the review of search warrants and search warrant affidavits. The DDA may also assist in the investigation as necessary and appropriate. During regular business hours police officers and DHS may contact the felony DDA assigned to intake for that day. If that DDA is not available law enforcement may contact the Senior DDA supervising drug prosecutions or any DDA in the child abuse unit. During other times, police and DHS may contact the "on-call" DDA via pager.

Coordination with Juvenile DDAs: The assigned felony DDA will communicate with deputy district attorney assigned to the dependency case. Police reports forwarded to the supervising Senior DDA shall contemporaneously be forwarded to the Washington County DA's juvenile unit.

Prosecution of DEC Cases: The assigned felony DDA or his/her designee is responsible for screening and evaluation of the drug and child neglect/endangerment case for prosecution in a timely fashion.

Assignment of Victim's Advocate in DEC Cases: A Victim's Advocate will be assigned when children may be required to testify in a prosecution resulting from a DEC investigation.

Sentencing Considerations: The assigned DDA may communicate with assigned DHS personnel 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.

Restitution: The assigned felony DDA shall include, as appropriate, in the 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 may be sought as well; including that associated with clean up of the contaminated site, and HazMat response expenses.

Communication with Other Interested Agencies: The assigned DDA may, as appropriate, make available the outcome of any drug prosecution involving child endangerment charges to interested DHS and dependency or termination deputy district attorneys.

WASHINGTON COUNTY COMMUNITY CORRECTIONS

Specialized Caseloads and Cases Identified at Intake as DEC

Community Corrections will identify specific DEC Probation/Parole Officers to be the recipients of identified DEC cases.

Every defendant placed on Formal Probation by the Court will attend a Community Corrections Intake and Orientation Class. If the Intake Officer has prior knowledge that the defendant has been identified as being involved in a DEC case, the Intake Officer will assign the case to the appropriate DEC caseload. In the event a case has not been identified as a DEC case before initial assignment, the case will be considered for reassignment to a DEC caseload.

If a defendant is being paroled back into the community and was previously identified by the other community partners as a DEC case, the case will be assigned to a DEC caseload.

Community Corrections will support the Officers assigned to DEC caseloads in their endeavors to attend joint partnership meetings involving their cases. This may include joint meetings with Child Welfare, WIN or other agency partners.

If an identified DEC case becomes involved in new criminal activity Community Corrections will work in tandem with the investigating agency to reach a resolution.

WASHINGTON COUNTY JUVENILE DEPARTMENT

According to management and the medical staff at Donald E. Long Detention Facility (DEL), youth who are taken into custody from an active clandestine drug manufacturing site or environment where methamphetamine exposure has taken place, will need to be cleared medically before entering their facility.

Once cleared, DEL has medical staff on hand to treat any symptoms of withdrawal that youth may experience and provide treatment of any medical problems. DEL has isolation/observation rooms that can be used if necessary. Youth affected by methamphetamine are allowed to sleep as much as needed upon entry into the facility and are given fluids and adequate nutrition.

ATTACHMENTS

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: _____

Level I Drug Endangered Children, Chemical Exposure Assessment

Chemicals Present: Check all the chemicals found related to Meth manufacturing

<input type="checkbox"/> Pseudoephedrine	<input type="checkbox"/> Methanol	<input type="checkbox"/> Denatured Alcohol
<input type="checkbox"/> Iodine Crystals	<input type="checkbox"/> Tincture of Iodine	<input type="checkbox"/> Hydriodic Acid
<input type="checkbox"/> Hydrogen Peroxide	<input type="checkbox"/> Red Phosphorus	<input type="checkbox"/> Hypophosphous
<input type="checkbox"/> Caustic Soda (Lye)	<input type="checkbox"/> Petroleum Distillate	<input type="checkbox"/> Coleman Fuel
<input type="checkbox"/> Lighter Fluid	<input type="checkbox"/> Butane Fluid	<input type="checkbox"/> Other Solvent(s)
<input type="checkbox"/> Sulfuric Acid	<input type="checkbox"/> Muriatic Acid	<input type="checkbox"/> Hydrogen Chloride Gas
<input type="checkbox"/> Acetone		

Where Found?: Check all locations that apply

<input type="checkbox"/> Main Residence	<input type="checkbox"/> Secondary Residence	<input type="checkbox"/> Attached Garage
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Detached Shed	<input type="checkbox"/> Porch Front/Back
<input type="checkbox"/> Camper Shell	<input type="checkbox"/> Vehicle(s)	<input type="checkbox"/> Trash (exterior)
<input type="checkbox"/> Buried	<input type="checkbox"/> Other – Describe _____	

Process Status?: Check all that apply

Operational/Cooking (bubbling, boiling, active mixing, stirring or gassing)
 Operational/Non-Cooking (allowing to cool, dry or separate)
 Boxed/Stored (no active processing)

D.E.C. Exposure?: Check all that apply

Not exposed to any processes (lab was very secure, not active in areas accessible any children at any time and no cross-contamination issues)
 Minimal exposure to processes (lab area not accessible to children, cross-contamination issues present)
 Moderate exposure to processes (some chemicals and equipment utilized were found in areas accessible to the children)
 Severe exposure to processes (one or more stages of the manufacturing processes were found within the areas where the children live, stay or play)

CONTACT INFORMATION

AGENCY	TELEPHONE NUMBER
CARES Northwest	(503) 331-2400
Child Abuse Hotline	(503) 681-6917
Legacy Emanuel Emergency Department	(503) 413-4121
MetroLab (24 hour)	(503) 413-4812
Poison Control Center	1 (800) 222-1222
Police/Fire Non-Emergency Dispatch: Washington County Consolidated Communications Agency (WCCCA)	(503) 629-0111
Washington County Community Corrections	Front desk (8am—6pm) (503) 846-3400 After hours (6PM-8 AM) (503) 846-8818
Washington County District Attorney's Office	(503) 846-8671
Washington County Juvenile Dept.	(503) 846-8861
Westside Interagency Narcotics Team	(503) 672-9511

AFTER HOURS: Contact WIN & on-call Deputy District Attorney through WCCCA Non-Emergency Dispatch @ (503) 629-0111.