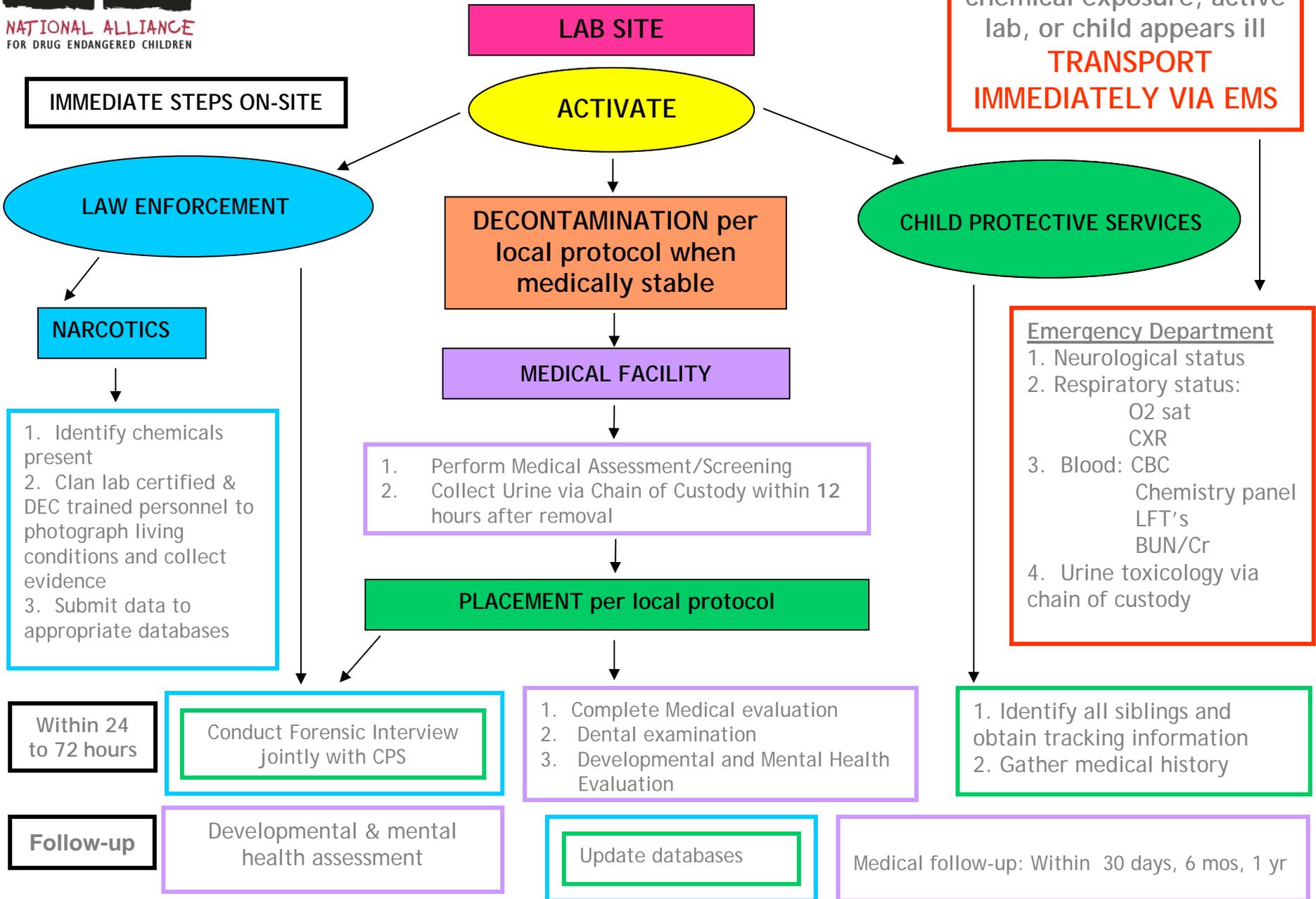




**NATIONAL GUIDELINES FOR MEDICAL
EVALUATION OF CHILDREN FOUND IN DRUG LABS**



PERSONNEL DECONTAMINATION

Decontamination of the children should occur prior to transport to the medical facility as medically appropriate. Basic life support takes precedence over decontamination. Removal of clothing, cleansing of the skin and hair and new clothes are the minimum requirements of decontamination.
DO NOT USE WIPES!

LAW ENFORCEMENT

Immediate

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

Within 24 to 72 hours

1. Children need to be interviewed by personnel trained in the forensically correct method for children. Coordinate this process with CPS.

Follow-up

1. Update databases as needed.



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MEDICAL PERSONNEL

Symptomatic - Immediate

1. Head to toe exam of the children within 2 to 4 hours to ensure medical stability and document any acute findings that might need treatment or change over time. This may occur in an ED, physician's office or by EMTs on scene. This should include but not be limited to a good pulmonary exam, skin exam, neurologic exam, and affect (scared, happy, detached). May include observations by EMTs, RN on scene, or other personnel to document the affect of the children.
2. Collect urine for toxicology. This should happen as soon as possible but must occur within 12 hours for optimal results. Submit to a lab that screens and reports for the level of detection of the test, not just at NIDA standards. Chain of Evidence forms may be utilized or usual medical protocols for urine toxicology screens may be followed.
3. Blood tests. Can be done acutely or within 24 to 72 hours: a CBC (anemia, cancers, thrombocytopenias), Chemistry Panel to include BUN/Cr and LFT's (kidney and liver damage, electrolyte imbalances), Hepatitis B and C panels.

Asymptomatic - Within 24 to 72 hours

1. A complete medical evaluation.
2. If seen within 12 hours, collect urine for toxicology
3. Blood tests as above
4. Developmental evaluation using an age-appropriate standardized tool.
4. Mental health evaluation.
5. Dental evaluation.

Follow-Up

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

EMERGENCY ACTIVATION

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

CHILD PROTECTIVE SERVICES

Immediate

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

Within 24 to 72 hours

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

Follow-up

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

EMERGENCY DEPARTMENT

1. Complete medical evaluation to assess acute medical needs.
2. Specific attention to the pulmonary exam as the chemicals can cause acute respiratory problems. RRs, O2 saturation and a CXR in the symptomatic child are the minimum required.
3. Blood tests as needed in addition to a CBC, Chemistry Panel to include BUN/Cr and LFTS.
4. Collect urine for toxicology. This should happen as soon as possible but must occur within 12 hours for optimal results. This should be submitted to a lab that screens and reports for the level of detection of the test, not just at NIDA standards. Chain of Evidence forms may be utilized or usual medical protocols for urine toxicology screens may be followed.