



LEVEL 2 PROTOCOL

Utah Best Practice Guidelines for Medical Evaluations of Children Found in Drug Exposed Settings

LAW ENFORCEMENT Recommendations

**Screen case with CPS Intake &
conduct child endangerment investigation**

Multi-agency Investigation and Referral

- 1) Include victims name and date of birth in general offense report.
- 2) Reference Utah Code "Endangerment of a child or vulnerable adult" 76-5-112.5; NCIC codes (1) family 3599.38, (2) non-family 3599.39.
- 3) Include chemicals/drugs present and child access in general offense report.
- 4) Photograph living conditions and evidence.
- 5) Provide investigative information (on scene), general offense report, and photographs to DCFS Caseworker.
- 6) Provide information as requested to medical provider.
- 7) If drug endangerment, physical and/or sexual abuse is suspected, refer the case to the local Children's Justice Center.

CHILD PROTECTION Recommendations

**Child Protective Services (CPS)
Evaluation**

CPS Assessment

- 1) Engage with family while assessing threats of harm, child vulnerabilities, and the family's protective capacities.
- 2) Identify all siblings and family members, completing all applicable child, parent, and collateral interviews to ensure adequate safety assessment. Consider forensic interview of children with law enforcement.
- 3) Gather child medical, educational, social, and behavioral history of child/ren.
- 4) Make safety decisions with the child and family team, involving kin, formal, and informal supports to whatever degree possible and available.
- 5) Staff situation with supervisor (determine if further AAG staffing is needed).
- 6) Enter all info in SAFE system, including drug related personal characteristics and case contributing factors.

If Child Taken Into Protective Custody

- 1) Ensure kinship placement is sought.
- 2) Gather child information (CPS23) and provide to caretaker.
- 3) Medical and mental health care follow up.

MEDICAL PROVIDER Recommendations

**Medical
Evaluation**

Medical Triage and Assessment

Policy: Chain of Evidence Protocols
for Legal Purposes as Needed

**If acutely ill or injured, recommend immediate
medical evaluation by EMS/Emergency Dept.**

Requirements for all Children

- 1) Comprehensive physical examination and lab testing based on exposure.
- 2) Developmental screening or mental health assessment with referrals as needed.

Medical Follow-Up

- 1) Repeat medical evaluation in 60 days, 90 days, 1 year.
- 2) Follow up with referral to early intervention/Head Start as indicated by developmental screening tool.
- 3) Follow up on mental health recommendations.
- 4) Refer for specialty exams as indicated, i.e. sexual abuse evaluation, cardiology, dermatology, or other speciality referral if needed following direct chemical or methamphetamine exposure.

For children found in Clandestine Drug Lab refer to Level I National Protocol of children found in drug labs.

Guide for children found in a drug endangered setting (where illicit drugs are found and/or used, chemicals stored, or children are exposed)

Law Enforcement

Immediately on Scene: Screen Case with DCFS Intake General Offense Report

- 1) Utilize NCIC Child/Elder Adult Endangerment codes (family: 3599.38; non-family: 3599.39) and Utah Statute for Endangerment for a Child or Vulnerable Adult; 76-5-112.5.
- 2) Include victims name and date of birth.
- 3) Document abuse, neglect, exploitation including proximity and accessibility of drugs, drug paraphernalia, precursor, chemicals, or manufacturing equipment to victim (physical proximity of drugs to the victim, location where drugs are found/stored, packaging of drugs, victim's mobility, victim's height, relation to victim's belongings).

Follow Up

- 1) Provide investigative information, general offense report and photographs to DCFS Caseworker.
- 2) Provide information as requested to medical provider.
- 3) If child is suspected of physical or sexual abuse refer case to the Children's Justice Center. A child in a drug-exposed environment may be referred to the Children's Justice Center.

Child Protective Services Caseworker

Response When Child Has Been Exposed

- 1) Attempt to minimize trauma to child by providing reassurance, information, and support to child and family.
- 2) Take precautions to ensure worker safety and minimize worker exposure to harmful material (use of barriers such as plastic covers or clean blankets, change of clothing and shower after, see guidelines) Worker should contact supervisor and Human Resources if exposure to methamphetamine exposure occurs, regardless of presence of symptoms.
- 3) Document the scene (including photos if possible) including proximity and accessibility of drugs to the child; safety attempts by caretakers to keep child from substances; odors; child's mobility, development and size; child's emotional state and behaviors; caretakers' emotional state and behaviors, etc.
- 4) Coordinate with law enforcement and/or HAZMAT if decontamination of child needs to occur.
- 5) Call EMS/transport child to the Emergency Department if child has overt signs and symptoms of acute illness, injury or other medical condition needing medical attention.
- 6) Take to medical provider within 24 hours if there are minor illness signs and symptoms. Emergency Department care is rarely needed.
- 7) Facilitate follow up with a medical provider who is aware of the needs of a drug-exposed child for all children and siblings that do not currently demonstrate any medical conditions.
- 8) Gather and document medical histories of the children. Share with medical providers.
- 9) Identify the child as a "Drug Endangered Child" in all notes, medical forms, referral forms, etc.

Caretaker Responsibilities

If the child has been in a setting where chemicals were stored or methamphetamine was present the following should occur:

- 1) Place child in a shower or run water over their body. Do not let the child soak in a bathtub and do not rub their skin with wipes or wash cloths. This could cause absorption of the drug through the skin. reference Chemical Residual Removal for Children Associated with Methamphetamine Laboratories April 2006 (National Alliance for Drug Endangered Children). Observe for signs and symptoms of illness (i.e. breathing problems and skin conditions, other symptoms of illness, exacerbation of chronic health problems).
- 2) Seek out (via parent or DCFS) all medical history including chronic conditions, medications taken daily and/or regularly. Include allergies to medications, foods, latex or environment.
- 3) Follow up on all medical assessments and recommendations.

Medical Providers

Evaluation by Medical Providers for medically stable children

Chain of Evidence forms may be utilized or usual medical protocols for testing of blood, cultures, or hair. Legal Guardian must sign consent. This may be the DCFS caseworker if the state has taken custody.

Within 30 Days

- 1) Comprehensive medical evaluation including a thorough review of ALL systems.
- 2) Document findings that might need treatment. Refer to a specialized clinic or private health care provider's office.
- 3) Based on scene information, patient history or medical need, the provider may consider lab tests that could include: CBC, complete chemistry, STI Testing, HIV, RPR, Hepatitis Panel.

Comprehensive Medical Evaluation checklist

- 1) A complete medical evaluation with review of all systems.
- 2) Lab testing based on exposure.
- 3) Developmental screen using an age appropriate standardized tool (Ages and Stages and Ages and Stages Social Emotional). Referral as indicated to Early Intervention or Head Start for full evaluation.
- 4) Mental health screen and referral for complete assessment or therapy as indicated.
- 5) Dental referral.
- 6) Referral to primary health care provider if care is provided outside of the child's medical home.

Follow Up

- 1) Repeat medical evaluation in 60 days, 90 days, and 1 (one) year.
- 2) Complete developmental evaluations as needed.
- 3) Complete mental health intervention and assessments as needed.
- 4) Complete specialty referrals (sex abuse exam; ENT; Cardiology, dermatology, etc.).