



IOWA DRUG ENDANGERED CHILDREN (DEC) RESPONSE GUIDELINES FOR LAW ENFORCEMENT OFFICIALS



DRUG ENDANGERED CHILDREN are children under age 18 found to be living in homes where caregivers are dealing/using/manufacturing illegal drugs and the children are exposed to the drug, drug residue, drug precursors, criminal drug activity, or are the victims of drug-related child abuse and/or neglect.

A **DEC CASE** is a case in which a drug endangered child is discovered during a criminal investigation or during business conducted by child protective workers. Drug endangered children are crime victims and should be removed from caregivers who deal/use/ manufacture illegal drugs. They are also potential witnesses to a criminal investigation. **DHS should be notified every time a law enforcement officer discovers a drug endangered child. Children should never be handed off to a relative or neighbor without the involvement of DHS.**

Where Access to Illicit Drugs is Evident

- Includes locations where any illicit drug is being used or trafficked and where the children have access to the drug or drug residue.
- Remove children. **Do not** give children to a relative or neighbor without the express agreement of DHS.
- Contact DHS and arrange for transfer of children to DHS care.
- Due to the potential of drug residue, no clothing (other than what the children are wearing), toys, food or drink should be removed from the home.
- Determine and document whether the children actually live in the home. Visiting children who are not under the care and custody of an adult living in the home or in the home at the time of police contact are still considered victims of child abuse/neglect.
- Interview children at the scene, including:
 - Last meal eaten and who prepared it
 - Last bathing and by whom
 - Anything in house that bothers the child?
 - Child aware if anyone in home smokes?
 - If yes, what do they smoke?
 - How child feels physically and mentally
 - Other siblings living in the house who aren't home right now?
- Investigate, document and photograph the scene for child endangerment prosecution including:
 - location of drugs
 - general state of children
 - visible evidence of children's presence
 - children's accessibility to drugs
 - drug residue
 - syringes and drug paraphernalia
 - proximity of drugs to children's play and sleep areas
 - other hazards and indications of neglect
 - access to pornography
 - access to weapons
 - food quantity and quality
 - sleeping conditions
 - sanitary conditions.
- Complete a case report that includes all relevant reports, documentation of child endangerment, etc. Children should be listed as victims and witnesses in all reports.
- Coordinate the exchange of information with DHS.
- **CALL YOUR PROSECUTOR AS SOON AS POSSIBLE TO ADVISE OF CASE AND WITH ANY QUESTIONS**

From Operational Meth Labs

- A Meth Lab is considered operational when the chemicals and/or equipment used to make methamphetamine are present, regardless of whether the lab is actively "cooking" .
- No one other than OSHA/clean lab-certified LE should remove adults/children from a home that contains a meth lab.
- Any child who is in medical distress or has been involved in an explosion or other event that has resulted in significant chemical exposure, burns, etc. should be transported to the emergency department as quickly as possible. Basic life support must take precedence over decontamination. Although decontamination should be conducted as soon as is possible, it must not delay the transportation of a critically injured child.
- Follow Decontamination guidelines (on reverse side.)
- Remove children. **Do not** give children to a relative or neighbor without the express agreement of DHS.
- No clothing (other than what the children are wearing), toys, food or drink should be removed from the home.
- Contact DHS (if a case worker is not already on the scene) and request immediate dispatch; state that children have been found at a meth lab and state the number of children).
- Determine and document whether the children actually live in the home. Visiting children who are not under the care and custody of an adult living in the home or in the home at the time of police contact are still considered victims of child abuse/neglect.
- Interview children at the scene, including:
 - Last meal eaten and who prepared it
 - Last bathing and by whom
 - Anything in house that bothers the child?
 - Child aware if anyone in home smokes?
 - If yes, what do they smoke?
 - How child feels physically and mentally
 - Other siblings living in the house who aren't home right now?
- Coordinate with DHS transporting the child to a Regional Child Protection Center, medical clinic, or ER for complete medical evaluation to be administered within 2 to 4 hours of the children's removal from the meth lab/home. Urine sample should be collected as soon as possible but not later than 12 hours of removal from the meth lab/home, and the urine collection should be part of the medical evaluation.

CONTINUED ON REVERSE SIDE

DECONTAMINATION OF CHILDREN ASSOCIATED WITH METH LABS

1. **Any child who is in medical distress or has been involved in an explosion or other event that has resulted in significant chemical exposure, burns, etc.** should be transported to the emergency department as quickly as possible. Basic life support must take precedence over decontamination. Although decontamination should be conducted as soon as is possible, it must not delay the transportation of a critically injured child.
2. **In those cases where significant chemical exposure has occurred and there is evidence of an exposure such as a chemical smell on the person, wet clothes, clothes covered with visible chemical, etc.,** the children involved should have the chemical residuals removed at the scene by discarding their clothes and providing a warm shower with soap in a non-threatening situation. If shower capability is not available at the scene, then the child should be dressed in other clothing and transported to an area where chemical residual removal can be accomplished without trauma to the child. In this case, showering at the scene is preferred if it can be done without trauma to the child. Any clothing worn by the child should be removed at the scene for disposition by law enforcement personnel.
3. **In situations where a child removed from a clandestine methamphetamine laboratory and there is no sign of obvious chemical contamination on the child (odor, visible chemical, etc),** the child is not likely to present a significant danger to individuals coming in contact with the child. Minimize exposure chemicals to which there is incomplete toxicity information. Significant chemical residue is possible since current real-time detection methodology is not available. Therefore the following suggestions are made:
 - a. Although full and immediate decontamination is not necessary, the clothes that the child is wearing should be removed as soon as is reasonably safe and a shower provided when conditions enable a safe and relatively trauma-free shower. It is unlikely that significant amounts of methamphetamine or other chemicals will be transferred from clothing but we believe that a cloth draped over vehicle seats will provide further protection.
 - b. Showering the child with warm water as soon as possible in an area where privacy is provided also protects the child from unreasonable trauma. This may be conducted at the scene if adequate facilities are available, at a hospital, at a fire station, or any other location identified by local protocol.
 - c. After the child has showered or if the clothes are removed at the scene, a responsible agency (designated by the protocol) should retain all of the clothes for washing, disposal or retention for evidence. It is suggested that the clothes be discarded by the responsible agency.

DO NOT DECON WITH BABY WIPES – They may spread the contamination.

From Operational Meth Labs, continued.

- Document the quantity and types of chemicals present and document how found (i.e. 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. Retrieve samples for forensic testing, if appropriate.
 - Investigate, document and photograph the scene for child endangerment prosecution including:
 - height of chemical
 - location of drugs
 - general state of children
 - visible evidence of children's presence
 - proximity of children's belongings to chemicals
 - children's accessibility to drugs
 - drug residue
 - chemicals
 - syringes and drug paraphernalia
 - proximity of hazards to children's play and sleep areas
 - other hazards and indications of neglect
 - access to pornography
 - access to weapons
 - food quantity and quality
 - sleeping conditions
 - sanitary conditions.
 - Collect and submit all the required data for EPIC and/or other data base collection.
 - Complete a case report that includes all relevant reports, documentation of child endangerment, etc. Children should be listed as victims and witnesses on all reports.
 - Notify the local health department of all meth lab discoveries.
 - Coordinate the exchange of information with DHS and medical providers.
- CALL YOUR PROSECUTOR AS SOON AS POSSIBLE TO ADVISE OF CASE AND WITH ANY QUESTIONS**
- Law Enforcement and DHS should collaborate to complete a full forensic interview of child. The interview should be conducted within 48 hours of removal in a child-friendly location by a professional who is trained in child-friendly forensic interview techniques.

CONTACT NUMBERS

DHS CASE WORKER _____

COUNTY ATTORNEY _____