

758 .01 APPENDIX South Carolina Drug Endangered Children Guidelines-Clandestine Drug Laboratory Response

CHAPTER 7, Child Protective and Preventive Services

Revision Number: HS 14-24

Effective Date: October 3, 2014

758 .01 APPENDIX South Carolina Drug Endangered Children Guidelines-Clandestine Drug Laboratory Response

The SCDEC Guidelines address a narrow but dangerous category of cases: The investigation of a home or other structure where children are exposed to the manufacture of methamphetamine or other hazardous drugs resulting in an environment containing hazardous chemicals and/or residual contamination from the manufacturing process. [1] (Clandestine drug lab) In all such cases, procedures must be in place to protect children exposed to harmful substances, provide medical treatment and follow up care for these children, and to ensure that evidence is collected and preserved in a forensically sound manner. These guidelines address all of these goals.

DRUG ENDANGERED CHILD, DEFINED

A drug endangered child (hereinafter DEC) is a person, under the age of eighteen (18), who lives in or is exposed to an environment where drugs, including pharmaceuticals, are used, possessed, trafficked, diverted and/or manufactured illegally and, as a result of that environment:

1. The child experiences, or is at risk of experiencing, physical, sexual, or emotional abuse;
2. The child experiences, or is at risk of experiencing, medical, educational, emotional, or physical harm or neglect.

3. The child is harmed or is at risk of being harmed from the inhalation, ingestion, or absorption of illegal drugs or access to illegally possessed prescription drugs.
4. The child is harmed or is at risk of being harmed from exposure to intimate partner violence or domestic violence.
5. The child is harmed or is at risk of being harmed by exposure and access to weapons;
6. The child is forced to participate in illegal or sexual activity, including but not limited to human trafficking, prostitution, and child pornography, of that minor in exchange for drugs or money, likely to be used to purchase drugs.

A DEC may also be a child whose caretaker's substance abuse interferes with the caretaker's ability to provide a safe and nurturing environment resulting in some form of maltreatment, abuse and/or neglect. Effective intervention requires multidisciplinary collaboration that includes prevention, enforcement and treatment and involves law enforcement (hereinafter LE), solicitors, courts, probation, social services providers, treatment professionals, the mental health and medical profession, child welfare, education, public health, federal agencies, non-profit organizations, and the community as a whole.

I. Part One: Pre-Response

A. Law Enforcement

1. **Make every effort to determine if children will be present.** When conducting a clandestine drug investigation, LE should determine if there is a possibility that children might be in the surroundings where the

target of the investigation is located and if so, develop a plan to ensure their safety upon entry.

2. **Contact a DSS caseworker.** If practical in the investigation by law enforcement of the clandestine lab, contact a DSS caseworker who is trained in the SCDEC Guidelines to be on standby for the retrieval of children from the drug environment. If notified, the DSS caseworker should attend the operational briefing unless concerns for the safety of law enforcement and the integrity of the investigation are at issue.

3. **Obtain search warrants.** When drafting warrants, keep in mind the need to search for evidence of danger to children. (e.g., chemicals in cupboards and other containers within the reach of children; sexually explicit material that is commonly found among methamphetamine addicts; computers, weapons, etc.).

B. Child Protective Services - DSS

1. **Gather clothing and comfort items for children.** Create a clothes bank with donations from local merchants or other organizations that are able to provide clothing and items such as blankets, stuffed animals, and games for children. Implement a system for taking the clothes and comfort items to the scene to replace contaminated items or to the medical facility where the children are being treated.

2. **Begin identifying potential foster care placements.** Maintain information for foster parents on caring for children who have been exposed to a clandestine drug lab. Also, if relative placement is determined to be in the best interest of the children, DSS should ensure the relatives are briefed on the necessity of medical care and follow up care for the children.

C. Fire Department/Emergency Medical Services

1. **Plan decontamination procedure.** Local Fire Department (hereinafter FD) shall prepare a method of decontaminating any person located at the site of a clandestine drug lab. The local FD will respond to the scene of the lab and decontaminate any children found at the lab first. Because the safety and health of first responders and the children are the main concern, the children shall not be turned over to DSS or any other individual or hospital facility until AFTER decontamination takes place by the FD and personnel working under the authority of the FD, unless all responders involved determine that there was no exposure of the children to hazardous materials/contaminants.

D. Emergency Medical Services (EMS)

1. For all children who are not obviously critical, EMS is to perform a field medical assessment consisting of: vital signs (temperature, heart rate, respirations, blood pressure); and the pediatric triangle of assessment (airway, breathing, circulation).
2. Transport any DEC to the hospital immediately if:
 - (a) The lab is actively manufacturing methamphetamine or other hazardous drug at the time of the interdiction;
 - (b) There is an explosion at the lab where children are present;
 - (c) The children appear ill; or
 - (d) There are signs of chemical exposure, including:
 - (i) Breathing difficulty or distress, prolonged coughing, wheezing, gagging, dry or sore throat, pain, or tightness in chest;
 - (ii) Red, watering, burning eyes;
 - (iii) Burns or a burning sensation on the skin;
 - (iv) Strong smell of ammonia, cat urine, chlorine, or other chemical odors on the children or clothing;
 - (v) Unusual behavior (e.g., very sleepy, or difficult to arouse in the daytime, overly stimulated, fidgeting, trembling, agitated). **If there are signs of acute chemical irritation, give first aid immediately, including flushing eyes and skin with water and providing cardiorespiratory support as needed.**

II. Part Two: Responding at the Scene

A. Law Enforcement

1. **Take the lead in securing the scene.** In addition to securing the scene for evidence collection purposes, LE must secure the scene to protect all people present. DSS and Fire Department/EMS (FD/EMS) responders should not approach or enter buildings until the premises are declared safe by law enforcement and they have been cleared to enter.
2. **Notify DSS immediately if children are at the scene.** If DSS has not been involved in the pre-operational briefing, notify DSS immediately if children are found at a lab site. LE will also notify DSS if children are not at the scene, but there is reason to believe: (a) children have been exposed to chemicals or drugs from the lab; and (b) a parent or guardian allowed the children to be at the lab site.

3. **Protect any children at the scene.** One officer and/or Law Enforcement Victim Advocate (LEVA) should have primary responsibility for ensuring the safety of children at the scene. This person should:
 - (a) Take Emergency Protective Custody (EPC) of the child. A case-by-case determination of EPC is necessary, but virtually every child exposed to the manufacture of methamphetamine or other hazardous drug will be in substantial and imminent danger, therefore, justifying the EPC.
Note: Even if DSS expects to place the children with a relative, it is important to take EPC of every child who is in imminent and substantial danger to ensure that he/she is properly examined for potential contamination of harmful materials from the drug lab. After the safety and health of each child is properly assessed, then a determination of appropriate placement of the children can be made.
 - (b) Remain with the children until the DSS caseworker arrives. When a DSS caseworker has been involved in the pre-operational briefing, the transfer to DSS care can be immediate unless the children are contaminated with contaminants from the lab.
 - (c) If a DSS caseworker is unable to respond to the scene because of safety concerns or unforeseeable reasons, the officer or LEVA should transport the child to a medical facility when decontamination is not a concern.
4. **Notify EMS immediately** to evaluate and transport children to a healthcare facility when urgent health concerns and/or evidence of contamination of children are present. If contamination is present then decontamination should take place BEFORE transporting those DEC to the healthcare facility in order to prevent exposure to EMS, DSS or hospital employees, and to prevent the spread of contamination to vehicles, equipment, etc.
5. **Decontaminate children exposed to contaminants.** All children should be decontaminated under the supervision of trained personnel working for or at the direction of the local Fire Department and/or EMS. Each jurisdiction shall have a procedure in place to implement the decontamination of these children in a quick and safe manner as deemed appropriate by that particular agency.
 - (a) Special consideration should be given to children's privacy and dignity during this process and if available, children should be provided age-appropriate clothing.
 - (b) Following decontamination, contaminated clothing should be placed in a plastic bag pursuant to evidence collection procedures.
6. **Identify chemicals for purposes of children's health care.** Use List of Chemicals Form Four to identify

chemicals at the scene. A duplicate of this form should accompany children to the medical examination and should become part of the children's health care records.

7. **Collect evidence.**

- (a) Photograph or videotape the location. When making a visual record of the location, pay special attention to chemicals, drug paraphernalia and weapons accessible to children (e.g., in or near the kitchen, bedrooms, playrooms, floors).
- (b) Photograph or videotape the children. Record the general condition of children to show evidence of abuse, neglect, contamination, or other injury.
- (c) Measure and be sure to provide a scale for comparison in the photographs in order to substantiate the ability of children to access these items. Record the location of chemicals and other items which are dangerous to children.
- (d) Seize physical evidence pursuant to evidence handling procedures. Likely items include: computers, weapons, chemicals, blister packs, and sexually explicit materials. Take pictures of everything.
Note: Follow appropriate agency policies and procedures concerning the collection, storage, and disposal of hazardous materials.

8. **Rolling labs "shake and bake."** Children present in a vehicle at the time of a traffic stop where a rolling lab is identified by LE are to be treated in the same manner as if the vehicle was a residence. LE shall EPC the children and notify DSS. The fact that children are in the vehicle, and it is an active lab is evidence of unreasonable risk of harm to those children. If no children are in the vehicle at the time of the stop but LE determines that the suspects have children, then LE must notify DSS so that those children are located and assessed appropriately for possible exposure and/or neglect.

9. **Interview children.** As soon as possible (usually within 48 hours), refer the children to the local Child Advocacy Center (hereinafter CAC) for a forensic interview pursuant to local interviewing protocols or have a qualified person trained in conducting child friendly investigative interviews do the interview. The purpose of this interview is to gather information from the children about maltreatment, drug activity, illegal activity, weapons, etc. that they may have witnessed in order to avoid multiple and duplicative interviews of the children regarding their experiences.

10. **DEC as victims.** If at the time of the investigation of the clandestine drug lab and collection of evidence it is apparent that probable cause exists to support the conclusion that children were exposed to and/or living in

the drug environment, and as a result suffered neglect, abuse and/or maltreatment, then those children shall be entered as victims on the incident report and all subsequent supplemental reports filed by law enforcement in the criminal case.

11. Prosecution related to child abuse and neglect. Contact the on-call solicitor and notify him/her of the investigation and evidence collected as it pertains to the children removed from the drug environment. If probable cause exists for a criminal charge addressing the abuse and neglect issues of the children in the environment, prosecution should be pursued. Possible charges: Cruelty to Children (S.C. Code Ann. §63-5-80), Unlawful Conduct toward a Child (S.C. Code Ann. §63-5-70), Exposure of the Child to Methamphetamines (S.C. Code Ann. §44-53-378), Contributing to the Delinquency of a Minor (S.C. Code Ann. §16-17-490) or other relevant criminal statute involving the abuse or neglect of that child.

B. Child Protective Services- DSS

1. Attend to children at the scene. After law enforcement has taken emergency protective custody of any children, the DSS caseworker should assume the primary role with respect to any children at the scene and remain with the children through the medical assessment and until the children are in appropriate placement. The only exception is when the children are exposed to dangerous chemicals from a clandestine lab. When this is determined immediate care of those children will go to the local FD team for decontamination. Upon completion of this process, DSS will take custody of the children or allow EMS to transport the children to the local medical facility where the children will be examined and treated as needed. DSS will remain with the children during this entire process to comfort and reassure the children and also address safety and wellbeing and plan for appropriate placement.

2. Collect information on children's health history. Using Medical History Checklist Form Three, collect health history information about children from parents, children, or other adults available at the scene. This form should become part of the medical record at the facility evaluating the child.

(a) If a search can be safely conducted, check the facility for children's medication, medical equipment (e.g., nebulizer, glucometer), glasses, contacts, and other items. Thoroughly describe all medical equipment on the DSS Checklist Form Two. In most cases, medications and medical equipment that have been exposed to contaminants in a clandestine lab will need to be destroyed.

(b) To the extent possible, obtain a signed release from parents or legal guardians for access to all prior medical records of children.

3. **Accompany children to the medical facility.**

(a) Children who are not in critical condition should be decontaminated at the scene before transported to a medical facility.

(b) DSS should inform the healthcare provider of the children's health records, medications, and any health equipment used by the child.

4. **Attend to children not at the scene.** Children who have been exposed to a lab may be at another location at the time of the interdiction. DSS must attend to these children who are not at the scene. In cooperation with law enforcement, DSS should promptly evaluate the safety, well-being, and health needs of these children. The medical components of these guidelines should be followed for any children with significant contamination from exposure to the drug sites and LE shall report this as an abuse and/or neglect situation to the county DSS office and DSS shall initiate the investigation.

5. **Coordinate with Law Enforcement during prosecution of case.** DSS shall continue to coordinate with the investigation of this case until the prosecution is completed. DSS will also follow their policies and regulations regarding proper care and placement for the children if removed from the home. If the parents, guardians, or person acting in loco parentis, did abuse and or neglect the children in a manner that meets the definition of abuse and or neglect under S.C. Code Ann. §63-7-20, DSS shall seek placement for these persons on the Central Registry of Abuse and Neglect as deemed appropriate by the court.

III. Part Three: Medical Assessments

A. **Immediate Care Assessment**

All children should be taken to an appropriate healthcare facility for an immediate care assessment within four (4) hours but no later than six (6) hours, of a child's removal from an active clandestine drug lab or site where it has been determined illegal drugs have been manufactured in the past. The facility used will depend upon the severity of the medical condition, the urgency of the problem, and the time of day. In these circumstances, every effort shall be made to ensure the child is decontaminated before transport to the healthcare facility.

An appropriate healthcare facility includes: (a) a healthcare provider affiliated with a regional child advocacy medical assessment center; (b) a local primary care provider (hereinafter PCP) [2] trained in the SCDEC Guidelines; or (c) an emergency department trained in the SCDEC Guidelines.

1. **Review child's medical history.** The PCP should receive information from the DSS caseworker and law enforcement on the chemicals to which children may have been exposed and the children's medical history (to the extent this is available). In this setting it is extremely important for responders on site to provide and record samples of chemicals found on site to correlate with what a laboratory test may detect. (See Medical History Checklist Form Three and List of Chemicals Form Four)
2. **Review of systems** (standard medical review). This review should focus on neurological and respiratory status.
3. **The Physical Examination.** This should be a thorough evaluation of the child, including but not limited to, an assessment of the respiratory and neurologic status of the child.
4. **Conduct the following evaluations:**
 - (a) Complete blood count;
 - (b) Liver function tests: AST, ALT, Total Bilirubin and Alkaline Phosphatase;
 - (c) Renal function tests: BUN and Creatinine;
 - (d) Electrolytes: Sodium, Potassium, Chloride, and Bicarbonate;
 - (e) Urinalysis;
 - (f) Perform other laboratory or imaging testing as indicated.
5. **Contaminated children.** If a child is contaminated but medically unstable, decontamination **MUST** still occur before reaching the medical facility. FD and EMS will utilize a gross contaminant response to the child. In these occasional but very serious circumstances priority must be given to decontaminating them as quickly as possible, ensuring their safety, and bringing the child to the emergency department (ED) without concerns that the ED will be contaminated when accepting and treating the child. While it is understood that care of the child is a priority, if the ED is inadvertently contaminated and results in a shutdown of its facilities, it becomes a hardship and medical concern for the community.

B. Toxicology Screens

Point of care urine screens have limited value in guiding clinical care of children removed from active clandestine laboratories and should be relied on only as an adjunct to other clinical information. Point of care screens are only useful in guiding more definitive toxicology testing for forensic purposes.

1. **Collecting the specimens for toxicology screens.** For forensic purposes it will usually be appropriate to collect urine or other specimens for toxicology screening. The responding or investigating officer will be

responsible for the chain of custody and make sure this is documented.

2. **Securing the sample.** All forensic samples of urine, hair or blood should be processed either by SLED or a reference lab identified by SLED where all samples shall be sent for processing.

3. **Timeline for collecting samples.** Urine samples should be obtained within six (6) hours and no later than twelve (12) hours after discovery of the child.

C. Baseline Medical Assessment (within 72 hours)

Within seventy-two (72) hours after a child is identified at a clandestine lab site, the child should receive a baseline assessment from an appropriate healthcare provider. An appropriate healthcare provider is: (a) a provider affiliated with a regional child advocacy medical assessment center; or (b) a local PCP trained or at a minimum familiar with the SCDEC Guidelines. Prompt medical assessment is warranted due to the risk of toxicologic, neurologic, respiratory, dermatologic, or other adverse effects of the methamphetamine or other toxic lab exposure, and the high risk of abuse and neglect.

1. **Review child's medical history.** Department of Social Services to provide DSS Checklist Form Two and Medical History Checklist Form Three.

2. **Perform a complete pediatric physical exam.** Pay particular attention to vital signs (temperature, heart/respiratory rate, blood pressure) and the neurologic and respiratory status.

3. **Perform laboratory or imaging testing** as indicated by children's clinical status.

(a) May complete any tests recommended pursuant to the Immediate Care Assessment;

(b) Evaluate results of urine toxicology screen/confirmatory results done at Immediate Care Assessment;

(c) Perform a lead risk assessment questionnaire in children five (5) years of age or younger.

4. **Conduct a developmental screen.** This is an initial age- appropriate screen, not a full-scale assessment; may need referral to a pediatric specialist.

5. **Provide a mental health screen,** as clinically indicated. These services require a qualified pediatrician or mental health professional and may require a visit to a separate facility.

6. **Follow-up.** For any positive findings, follow-up with appropriate care as necessary. All children must be provided long-term follow-up care.

7.

D. Follow-up care

1. **Thirty (30) day visit.** The healthcare provider or PCP may perform this care but a referral to the local CAC may be necessary to address any pending forensic needs and mental health assessment and therapy. The CAC staff will communicate with the child's PCP, to ensure PCP is aware of further pediatric, developmental, or medical needs of the child (as it pertains to the exposure) that have been identified and need to be addressed. This visit for initial follow up care should occur within thirty (30) days of the baseline medical assessment to reevaluate the comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely delivery of services. If possible, the visit should be scheduled late in the thirty (30) day time frame for more valid developmental and mental health results. At the visit follow up of abnormal laboratory, imaging, and toxicological testing is indicated.

2. **Long-term follow-up.** Long-term follow-up care is designed to monitor physical, emotional, and developmental health; identify possible late developing problems related to the methamphetamine or contaminated lab environment; and provide appropriate intervention. At a minimum, a pediatric visit is required at six (6) and twelve (12) months after the baseline medical assessment. Children considered to be drug endangered should receive follow-up services at a minimum of eighteen (18) months after identification.

(a) Follow-up of previously identified problems.

(b) Perform comprehensive physical exam and laboratory examination with particular attention to prior abnormal findings;

3. **Developmental and mental health evaluations.** For many children further developmental and mental health evaluations are appropriate. These evaluations can be determined by consultation between the PCP and the CAC staff. The following services require a child psychologist, qualified mental health professional, or licensed therapist and should be conducted within thirty (30) days, then at six (6) and twelve (12) months after the baseline medical assessment. If abnormal findings, schedule referral and intervention with appropriate provider;

(a) A full developmental examination using an age-appropriate instrument;

(b) A mental health evaluation.

IV. Part Four: Implementing the Guidelines

A. Training and Dissemination

1. **Train first responders.** Law enforcement, EMT's, firefighters, emergency medicine and family medicine

physicians, pediatricians, and DSS personnel should receive in-depth protocol training in the SCDEC Guidelines. The goal is to train personnel based on their respective disciplines to recognize their duties under the guidelines and to be prepared to respond in a manner that provides state uniformity in the protection, care, and treatment of these children.

2. **Train the child protection community.** Judges, foster parents, school personnel, pediatricians, family medicine and emergency medicine physicians, advanced practice nurse practitioners, physician assistants and guardians' ad litem should receive general SCDEC training in order to become familiar with the specific needs of these children and the procedures involved in their protection and care.
3. **Mail to relevant professionals.** Mail the guidelines to all South Carolina hospitals with the request that it be discussed at a staff meeting within the Emergency, Pediatrics, Nursing, and Administration departments. Provide contact information to offer training for those medical facilities requesting assistance with implementing and following the guidelines.

B. Guidelines review

1. The county DEC team should review all cases of children removed from clandestine lab sites. The DEC team should work closely with the local child abuse multi-disciplinary team (MDT) in conducting these case reviews.
2. A statewide working committee will be established to receive feedback on the guidelines from counties and agencies and make appropriate revisions and updates as needed.
3. Each year the SCDEC Guidelines will be redistributed to the endorsing agencies to ensure that those agencies continue to participate and support the guidelines as a forensically sound and evidence informed procedure for a best practices model in dealing with our state's DEC.

Explanation of Forms

1. The forms and checklists appended to these guidelines and are intended to be incorporated as part of the SCDEC Guidelines for Response to Clandestine Drug Laboratories. The forms are:

Form One: Law Enforcement Checklist
Form Two: DSS Investigation Checklist

Form Three: Medical History Checklist
Form Four: List of Chemicals Checklist

Endorsements

Individuals endorse the SCDEC Guidelines on behalf of their agencies or associations.

Referenced Document

Until SCDEC **Guideline** Forms are available in the Master Forms Index, Common Non-DSS Forms, use copies of the forms that are included in the manual memo releasing this revision).

Revision Comments

New section.