

## **Blount County Clandestine Lab Response Statement of Interagency Operating Policies**

**Whereas:** The constant growth of methamphetamine labs is a major public safety Issue in East Tennessee; and

**Whereas:** Children are the innocent victims of exposure to methamphetamine labs; and

**Whereas:** The emerging needs of these children who are negatively affected by the epidemic of methamphetamine must be addressed; and

**Whereas:** The mission of the Drug Endangered Children's Team is to bring together the appropriate agencies to present a process and method of information sharing, cooperation, and coordination leading to improved public policy for these children in need;

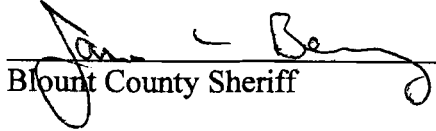
We, the members of the Drug Endangered Children's Team, vested with the responsibility of ensuring the safety and well being of our children and youth, agree to adopt these Interagency Operating Policies in order to:

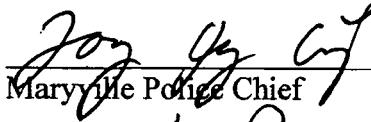
1. Promote information sharing strategies that support comprehensive, proactive partnerships between juvenile court, law enforcement, schools, government agencies, and social services providers.
2. Share information for planning and research purposes in a manner that is legal and appropriate.
3. Share information between participating agencies within the Justice system regarding methamphetamine related crimes against children.

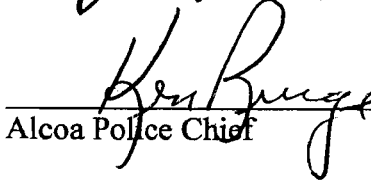
These Policies shall be in effect as of this 6 day of Dec, 2005. Any signatory may cancel his/her/its agencies involvement in these policies by giving 60 days written notice to all other signatories.

  
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Blount County District Attorney Generals Office


James R. Dedrick by Sandra P. Dennis  
United States Attorney General's Office


  
Blount County Sheriff

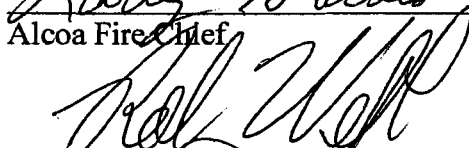
  
Maryville Police Chief

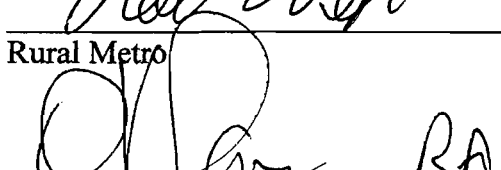
  
Alcoa Police Chief

  
Blount County Fire Chief

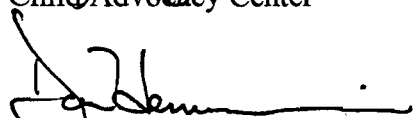
  
Maryville Fire Chief

  
Alcoa Fire Chief

  
Rural Metro

  
Department of Children Services

  
Child Advocacy Center

  
Blount Memorial Hospital

# **Methamphetamine Protocol**

## **DCS**

### **RECEIVE AND REVIEW LAW ENFORCEMENT REPORTS OF POSSIBLE CHILD ABUSE/NEGLECT**

1. Respond expeditiously and appropriately
  - A. If contact by law enforcement, fire or EMS, respond immediately to the medical facility to which the child will be transported by EMS personnel.
  - B. If the first report of a suspected methamphetamine lab site is received by DCS, contact law enforcement for assistance and respond as instructed.
2. Evaluate family composition and identify all available relative resources.
  - A. Interview individuals with information about the child and the child's circumstances.
  - B. Obtain information collected by law enforcement regarding family members and other caretakers including names, addresses, telephone numbers, and availability of alternative placement options.
  - C. Attempt to locate and coordinate removal of children that were not actually at the location of the methamphetamine lab but who are family members (e.g. children at school).

### **ASSUME CUSTODY**

3. Assume physical custody of child once decontamination has been completed.
  - A. Ensure that the child has no toys or other personal belongings from the lab site
  - B. Ensure that no food or drink (including baby bottles) from the site accompanies the child.

### **ENSURE LEGAL DETERMINATION**

4. Follow established DCS policy for obtaining custody of the child.
  - A. Contact immediate supervisor and others as appropriate.
  - B. Contact DCS legal for permission to remove the child and to evaluate the appropriate placement options.

### **RESPOND TO MEDICAL FACILITY**

5. EMS will be responsible for transportation of the child to the appropriate medical facility.
  - A. Respond expeditiously to the designated medical facility
  - B. Ensure that appropriate decontamination has been performed.
6. Ensure that appropriate medical care is provided.

- A. Medical evaluations and testing completed as necessary.
- B. Obtain all medical records available including emergency room records- follow up with additional medical requests as further medical records are identified.
- C. Notify the Health Department of methamphetamine exposure when requesting EPSD&T evaluation or when scheduling other medical evaluations.
- D. Review emergency room records to determine if further medical evaluation is recommended.

#### **FOSTER CARE/ RELATIVE CARE**

- 7. Contact resource management and evaluate placement options.
  - A. Identify appropriate relative resources if possible
  - B. Facilitate Foster care or relative kinship care as appropriate

#### **CONDUCT INTERVIEWS, GATHER INFORMATION AND COLLECT EVIDENCE**

- 8. Ensure that urine sample is collected from the child at the medical facility within two (2) hours of custody unless exigent circumstances exist.
- 9. Obtain evidence from law enforcement and independently.
  - A. Photograph physical condition of the child if possible
  - B. Interview child and any other available witnesses to determine the following:
    - Primary Caregiver
    - Childs knowledge of drug manufacturing
    - Child living area in relation to the actual methamphetamine lab
    - Medical problems
    - School attendance
    - Did they assist with the production process?
    - Who else visits in the home?
    - Identify odors in the home
  - C. Coordinate further interviews with law enforcement

#### **PARTICIPATE IN ALL LEGAL PROCEEDINGS**

- 10. Follow up with DCS legal to complete necessary legal proceedings.
  - A. Contact DCS legal next working day to complete legal documents
  - B. Participate in all hearing scheduled
  - C. Assist with identifying and contacting witnesses and gathering evidence.

## **METHAMPHETAMINE PROTOCOL LAW ENFORCEMENT**

### **RESPOND TO CALL – REPORT TO DCS IF CHILD IS INVOLVED**

1. Secure the scene of suspected methamphetamine lab – ensure the safety of initial responders, children and others at the scene.
  - A. Contact the appropriate fire department and Rural Metro for evaluation and decontamination of children and others at the scene.
  - B. Notify Clan Lab certified officers who will start the investigation.

### **ASSESS CONDITION OF THE CHILD**

2. Take child into protective custody and notify DCS to respond.
  - A. Leave all toys and other personal belongings at the site
  - B. Leave all food and drink (including baby bottles) at the site.

### **PLACE CHILD INTO PROTECTIVE CUSTODY PENDING TRANSFER TO DCS**

3. Transfer custody of child to DCS once decontamination is completed by the fire department or appropriate medical facility.
  - A. Do not release child to family members or neighbors
  - B. The child remains in protective custody of law enforcement until DCS arrives and takes physical custody – all placement decisions are made by DCS.

### **COLLECT PHYSICAL EVIDENCE FOR COURT PROCEEDINGS**

4. Examine scene for evidence that indicates the presence of a child
  - A. Document by video or photograph the scene giving particular attention to the following:
    - Child's accessibility to drugs, chemical, syringes, and drug paraphernalia (Measurements of height, depth of shelves, tables, ect. for comparison with height and reach of child)
    - Proximity of hazards to child's play and sleep areas
    - Non – drug hazards and other indications of neglect
    - Access to pornography
    - Access to weapons
    - Food quantity and quality
    - Sleeping conditions
    - Sanitary conditions
  - B. Photograph the child at the scene if possible and document the following:
    - Injuries
    - Cleanliness (or lack thereof) and dress
    - Signs of neglect or abuse

- A. Identify the parents of the child and obtain biographical information on suspects, caregivers, and witnesses.
  1. Get addresses, phone numbers and other identifying information for parents
  2. Determine family composition and the existence of siblings (ensure to the extent possible that a sibling is not temporarily absent – e.g. at school or staying with a friend or family member)
  3. Identify other caregivers if appropriate
5. Receive and submit biological samples, including, but not limited to, urine samples collected at the medical facility for any child found in the methamphetamine lab and submit to the appropriate testing facility.
6. Surveillance equipment, weapons, and explosives will be noted, photographed, and measured. Document if the weapons were loaded or if the explosives were live.

#### **FACILITATE CLEAN UP AND DATA COLLECTION**

7. Contact local Drug Enforcement Administration (DEA) office to coordinate clean up of hazardous material on site.
8. Submit data to EPIC (El Paso Intelligence Center) and other appropriate data bases.

#### **DETAINING VIOLATORS FROM METHAMPHETAMINE LABS**

9. All violators who are detained from a methamphetamine lab will be decontaminated prior to be incarcerated.
10. All violators who are detained from a methamphetamine lab will be dressed in a tyvex suite or any other suitable dress after decontamination and prior to being incarcerated.
11. The receiving agency of any detained subject shall be notified that the detainee has or has not been decontaminated prior to the detainee's arrival.
12. Juvenile detainees that have been exposed shall be examined by a physician at a medical facility prior to being incarcerated.

## **FIRE DEPARTMENT**

### **RESPOND TO CALL – IF CHILD INVOLVED CONTACT LAW ENFORCEMENT**

1. Respond to the scene and ensure the safety of initial responders, children and others found at the site.
2. Set up appropriate field decontamination measures. Ensure that all individuals exposed to toxic chemicals are properly decontaminated.
3. Ensure that any child at the scene is appropriately decontaminated.
  - A. Photograph the child prior to decontamination if possible and document the following:
    - Document injuries
    - Document the state of cleanliness and clothing
    - Document signs of neglect of abuse
  - B. For a systematic child, decontaminate at the scene and arrange transport immediately to the appropriate medical facility.
  - C. For a symptomatic child
    1. If the child can be wrapped in a tyvex suite or other appropriate blanket, wrap the child and arrange transport to the appropriate medical facility.
    2. If the child cannot be wrapped, decontaminate on site and transport to the appropriate medical facility.
4. Leave all personal belongings (Toys, books, ect.) and all food items (baby bottles, snacks, ect.) at the lab site.

### **ASSESS CONDITION OF THE CHILD – PROVIDE MEDICAL CARE AS INDICATED**

5. Perform a field medical assessment to see if emergency medical care is necessary.
  - A. For a child with obvious illnesses or injuries, arrange for transport immediately to the appropriate medical facility and notify DCS to meet the child at the hospital.
  - B. For children that are obviously not critical, perform field medical assessments consisting of vital signs (temperature, blood pressure, pulse, and respirations) pediatric triangle of assessment (airway, breathing, and circulation).

### **COORDINATE TRANSPORTATION OF THE CHILD TO APPROPRIATE MEDICAL FACILITY**

6. Arrange for transport of the child to the hospital for further medical evaluation after decontamination as set out above.

## **EMS**

### **MEDICAL FACILITY SHALL COMPLETE DECONTAMINATION PROCEDURES AS DETERMINED TO BE APPROPRIATE**

1. Complete decontamination as consistent with unknown chemical exposure
  - A. For children who are symptomatic of a chemical exposure with respiratory, cardiac, neurological, dermatologic compromise, further cleansing of the exposed surfaces should be considered.
  - B. For a symptomatic child
    1. If the child can be wrapped in a tyvex suite or other appropriate blanket, the child will be wrapped and transported to the appropriate medical facility by EMS.
    2. The medical facility shall be notified that the child has not been decontaminated prior to their arrival so the medical facility can prepare for decontamination upon arrival.
    3. If the child cannot be wrapped, the fire department will decontaminate on site prior to EMS transporting the child to the appropriate medical facility.

### **MEDICAL PERSONNEL WILL PERFORM NECESSARY MEDICAL EMERGENCY CARE**

2. Conduct emergency evaluation including the following:
  - Baseline vital signs
  - Respiratory and cardiac status
  - Dermatology review
  - Neurological screen
  - Note other signs of abuse and neglect (e.g. growth parameters, developmental delays)
4. Assist with the collection of urine sample for evidentiary purposes
  - A. Ideally, should be collected within two (2) hours of the child's removal from the methamphetamine lab.
  - B. Urine samples shall be maintained by hospital personnel unit until collected by law enforcement or DCS.

### **CHILD SHALL REMAIN AT THE MEDICAL FACILITY PENDING DCS CUSTODY**

5. Hospital security shall be summoned to ensure that the child remains at the hospital and is released to no one other than DCS personnel.

**MEDICAL RECORDS SHALL BE RELEASED TO DCS ALONG WITH THE CHILD**

6. Emergency medical record shall be recorded, copied and made available to DCS before the child is released.
  - A. A HIPAA exception exists for endangered children
  - B. Any ongoing medical problems should be documented and brought to the attention of DCS personnel
  - C. Follow up with appropriate DCS personnel to ensure that medical problems are identified and appropriate referrals are made.

**PROSECUTION**

1. The Attorney Generals Office will review all evidence provided by Law Enforcement
2. Criminal charges will be filed accordingly and as determined by the Attorney Generals Office
3. Cases will be prosecuted to the fullest extent of the law.