

WYOMING DEPARTMENT OF FAMILY SERVICES	CHAPTER: Standards POLICY: Methamphetamine POLICY NUMBER: 2.5
EFFECTIVE DATE: December 2004	Current: 12/04 Revised: Original:

A. Purpose

Ensure the protection and medical treatment of children exposed to Methamphetamine including those exposed through the process of manufacturing and/or decontamination.

B. Procedure

When use or manufacturing of methamphetamine is indicted, the following information from the reporter would be helpful (in addition to information required on Intake Form per CPS Intake Policy):

- Is there a high degree of adult traffic in the home?
- Is there drug paraphernalia present in the home?
- Are there weapons in the home?
- Is there evidence of surveillance equipment in the home?
- Can you describe the behavior of the adult who is abusing drugs (paranoia, abnormal sleeping patterns, aggression, and other abnormal or bizarre behavior)?
- Specific description of condition of household (safety hazards and the presence of any chemicals used to manufacture, or as a result of manufacture of methamphetamine in the household)?
- Is there adult drug abuse? Witnessed by whom? What is the level of exposure to the child(ren)? Does the child(ren) have direct access to the drugs or the manufacture of the drugs? Is the drug use or manufacture done in front of the child(ren)?
- Prior law enforcement involvement or contact with the family?
- Location of kids at point of referral?
- Adult employment?
- How does the referring party have this information, direct observer or was informed by whom?

Reports involving the use or manufacture of methamphetamine require an immediate response and shall be coordinated with law enforcement. Law enforcement involvement shall be coordinated by the supervisor, caseworker, and law enforcement designee for determination of an action plan for immediate response and investigation at the scene.

Caseworker responsibilities shall include:

- Caseworkers will not respond to any reports involving use or manufacturing of methamphetamine without the presence of law enforcement.
- Caseworkers shall come prepared with a change of clothing for the child(ren) (Child Comfort Supplies).
- Caseworkers shall come prepared with protective gear from their office.

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1. Procedures at the scene:

A. Physical Environment:

Law enforcement agencies will take the lead on any investigations. Caseworkers will not respond to any reports involving methamphetamine laboratories without the presence of law enforcement. The lab site has to be secured by law enforcement. Although caseworkers respond to the scene they will be required to stay in the holding zone . Law enforcement will secure the area and remove the child(ren). Employee safety is of utmost concern in the handling of these cases. Caseworkers will not be allowed to enter a crime scene. Law Enforcement will continue with the investigation and provide necessary information regarding the dwelling to the caseworker, including photographs, video and written documentation.

B. Custody/Children:

Caseworkers should assume the primary role with respect to any children at the scene and continue with the child(ren) through the completion of the medical assessment until all children are in an appropriate placement. Children who are found at the scene of a methamphetamine lab should be taken into protective custody by law enforcement, the District Judge, or the Doctor who has completed the children’s examination and placed in the temporary custody of DFS. If an appropriate parent or guardian who has not been involved with the methamphetamine lab is available, the child(ren) may be returned to this person’s care, however, completion of decontamination and the physical exam should be completed. Placement consideration shall include traditional and non-traditional, KIN (family members).

In a confirmed lab, a child(ren) will have to go through a decontamination process facilitated by law enforcement and are required to be physically examined by a doctor/EMT or emergency room doctor at a hospital. Their clothing will be contaminated so it will be necessary to provide a change of clothing. Caseworkers should come prepared with a change in clothing (Child Comfort Supplies), or call their DFS office and have needed supplies for the children delivered to the site.

C. Transport When Injured or Contaminated:

Emergency Medical Systems should be called immediately to evaluate and/or transport the child(ren) to medical care when urgent health concerns and/or evident contamination of the child are present. Special attention should be given to:

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- Breathing difficulty or distress, prolonged coughing, wheezing, gagging, dry or sore throat, pain or tightness in chest;
- Red, watering, burning eye(s);
- Burns, burning sensation on the skin;
- Strong smell of ammonia, cat urine, chlorine, or other chemical odors on the child(ren) or clothing;
- Unusual behavior (e.g., very sleepy or difficult to arouse in the daytime, overly stimulated, fidgeting, trembling, agitated).

IMPORTANT: If acute chemical irritation is present or suspected, immediate first aid should be given, including flushing eyes and/or skin with copious amounts of water.

D. Transport if NOT injured/contaminated:

The child(ren) not injured or contaminated should be moved to a safe location immediately and transported to a children’s health care facility within two (2) hours and no longer than four (4) hours after identification. Children who will be decontaminated at the scene, may be transported after decontamination. The health history record, medication, and any health equipment used by the child(ren) and a child exposure record completed by law enforcement shall accompany the child(ren). A plastic bag or barrier should be used to protect any vehicle during transport.

E. Dealing with clothing

Contamination of the child(ren)’s clothing is to be expected (e.g., chemical staining, damage from corrosives), child(ren) should be decontaminated by EMS or hospital personnel following routine decontamination protocols. Special consideration should be given to the child(ren)’s privacy and dignity, and the child(ren) should immediately be provided with age-appropriate clothing. Contaminated clothing should be placed in a plastic bag by EMS or hospital personnel and returned to law enforcement for evidence collection and/or for proper disposal by environmental contractor. Contaminated clothing must not be removed from the scene.

F. Health history

The child(ren)’s health history should be obtained from parents, child, and/or any adults available at the scene by the caseworker. A signed release form should be obtained for medical records from any sources of health care. Check area thoroughly for child(ren)’s medication, medical equipment (e.g., nebulizer, glucometer), and glasses or contacts. Uncontaminated medication, equipment, glasses or contacts should accompany the child(ren).

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G. Investigation

Caseworkers will not be allowed to enter a crime scene. Law Enforcement will continue with the investigation and provide necessary information regarding the dwelling to the caseworker, including photographs or video and written documentation.

The following are things however, the caseworker must do to help with the investigation:

- Visual inspection of children after they have been decontaminated if exposure is confirmed.
- Interview children away from adults/caretaker (determined by caseworker and lead investigator). Timing and location of interviewing children is determined on a case by case basis. All children found in a methamphetamine lab should be interviewed with a structured forensic interview conducted in a timely manner, usually within 48 hours, to gather more detailed information.
- Interview adults, separately. (Determined by caseworker and lead investigator). Caseworkers can participate in the interview with the perpetrator at the discretion of the law enforcement investigator. Be sure to inform the investigator of your information needs.
- Safety and risk assessments must be completed on accepted reports involving the use/suspected use or manufacturing of methamphetamine per CPS Safety Assessment Policy and Risk Assessment Policy (Social Services Manual, Chapter 4, Section D).

The following are things however, the caseworker must do to help with the investigation:

- Visual inspection of children after they have been decontaminated if exposure is confirmed.

Caseworkers shall obtain the following from law enforcement:

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- Information from the examination of inside the home, outside and unattached dwellings, specifically focusing on things that present hazards to children(e.g., evidence of chemicals or other hazards where children may crawl, eat, or touch, in the kitchen, near food or bottle, in bedrooms, bathrooms, refrigerator, and outside play areas). Measure proximity of hazards to area child(ren) occupy. Document findings from examination.
- Record of direct observations, including the child’s height and ability according to age and size to reach methamphetamine or paraphernalia. In addition, proximity and accessibility of child to other possible conditions of possible endangerment such as weapons or other possible hazards to the child’s overall well being.
- Photos and documented observations on sight. Photos should document the
- physical condition of children if there is evidence of abuse, neglect,
- contamination, or injury.

Upon completion of a joint investigation of a report of methamphetamine use or manufacturing, the Department shall make a final determination in a written report as to whether a child was abuse or neglected. This determination shall be based upon whether the information and evidence gathered during the investigation constitutes credible evidence of child abuse or neglect.

2. Initial Case Management Services:

A. Safety Considerations & Protective Orders:

- Substance Free, random urinary analysis
- Non-threatening/harassing behavior.
- Supervised visits in controlled setting by Caseworker or Social Service Aide.

B. Interim Treatment Plan elements in Abuse and Neglect Petition.

- Substance Abuse Evaluation
- Treatment resources and placement options for client with assessed substance abuse treatment needs.
- Random Urinary Analysis
- Decontamination of home or alternative living arrangements

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C. Case Coordination:

- Debriefings with Law Enforcement Agency/District and County Attorney/Probation and Treatment collateral's.
- Coordinate with the treatment provider for treatment and relapse planning.

3. Protocol for the Use & Disposal of Protective Gear:

Caseworkers must use protective gear at the scene when EMS or hospital personnel request their assistance with the child(ren) before or during decontamination. Contaminated protective gear should be placed in a plastic bag by EMS or hospital personnel and returned to law enforcement for evidence collection and/or for proper disposal by environmental contractor. Contaminated protective gear must not be removed from the scene.

4. Protocol for the Use of Gasometers:

- The gasometers must only be used in partnership with law enforcement; in conjunction with a court order/search warrant or permission of parents.
- Generally, any suspicious intake where methamphetamine use or manufacturing is suspected, consult with law enforcement.
- The gasometers may only be used by staff that are fully trained and certified competent in its operation and capabilities.
- A positive reading does not prove use or manufacturing of methamphetamine, however it indicates the need for further evidence gathering and safety precautions.
- The gasometers may be used in the certification process for foster homes. While the foster parents may not be suspected of use or manufacturing, they may reside in a home where methamphetamine has been used or manufactured (contaminated).
- If there is a positive reading, law enforcement shall take the lead in the investigation. The caseworker shall immediately remove themselves from the area and follow caseworker responsibilities and investigative procedures.

Please be advised if you are investigating another type of child maltreatment and discover strong indications of a Clandestine Lab remove yourself immediately from the home, contact law enforcement and then contact your supervisor. You must remain in the general area for law enforcement and potential decontamination if deemed necessary.