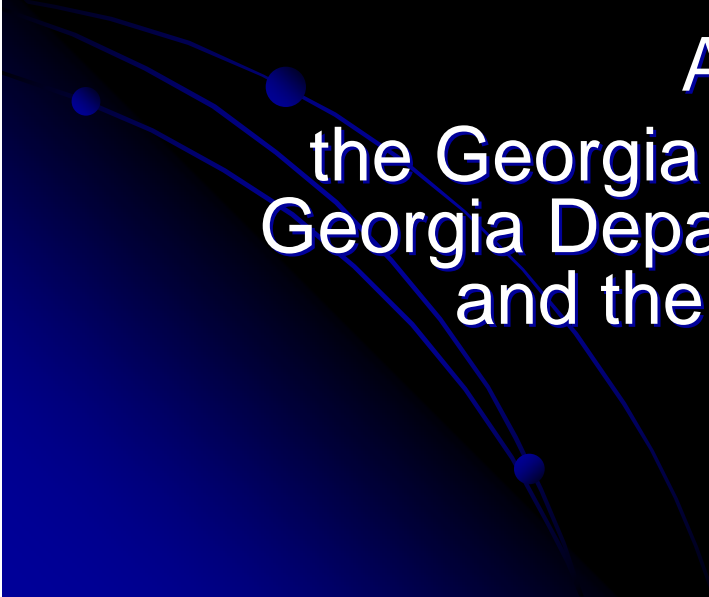



Guidelines for Managing Children Found at Clandestine Methamphetamine Laboratory Sites

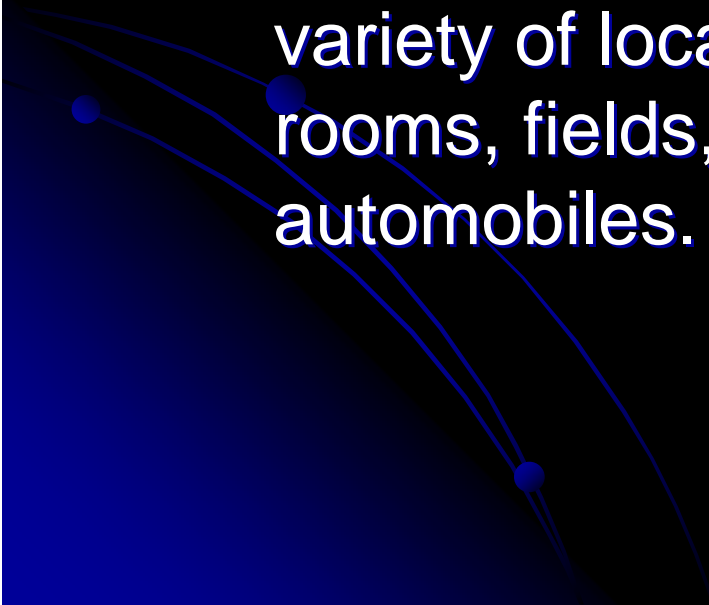
A collaboration of
the Georgia Bureau of Investigation, the
Georgia Department of Human Resources,
and the Georgia Poison Center



- PROTOCOLS FOR HIGH RISK SITUATIONS
 - PROTOCOLS FOR MODERATE RISK SITUATIONS
 - PROTOCOLS FOR MINOR RISK SITUATIONS
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- The recommendations presented in this collaborative document are intended to serve as guidelines. It is impossible to anticipate all combinations of circumstance that may occur. The individuals at the scene should use their best judgment. At times this may require the use of a different approach than listed below. It is appropriate for those using a different approach to clearly document why they chose to follow the path they did, in the event that questions arise at a later date.

Glossary of Terms

- **Clandestine Drug Lab/Laboratory—**
 - Facilities equipped and used in the production of illegal drugs. For the manufacture of methamphetamines, these can be located in a variety of locations such as homes, hotel rooms, fields, abandoned buildings, and even automobiles.
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- **Cook/Cooking—**

- The process of preparing individual chemicals to react with other substances to produce a new product with the ultimate goal of producing an illicit drug. A cook is “active” when chemicals are in the process of being heated or mixed or are otherwise in use.

- **Gross Contamination—**

- Clearly visible evidence of chemicals on an individual or item. Examples include but are not limited to, large fresh stains or obvious odor. Since there is a wide variety of substances and chemicals used in the production of methamphetamine, there is not single type of odor or stain that implies contamination. An odor is not always detectible. Gross contamination should be clear to an untrained observer in close proximity to an individual or item.

● Reasonable Observation Period—

- A span of time deemed by a medical professional to be adequate to see signs or symptoms of a toxic exposure. This decision can be made based on a medical professional's personal knowledge or in concert with a medical toxicologist or the Georgia Poison Center. Knowledge of the type and amount of potentially toxic exposure is helpful in determining an adequate amount of time needed for this purpose.

The overriding goals of these guidelines are:

- To assure the safety of the children found at meth laboratories;
- To assure the safety of law enforcement, health care providers, state agency personnel and the general public interacting with and caring for children found at meth laboratories; and
- To minimize the psychosocial trauma to the children while protecting their health and safety.

PROTOCOLS FOR HIGH RISK SITUATIONS

- Definition of a High Risk Situation:
 - Lab entered while drug **cooking** in progress, AND/OR
 - Lab found with evidence of recent **cooking** (e.g. warm vessels or odor present) in an area with shared ventilation (The area in which the child is residing.).

Initial Encounter

- Police removes child from location and brings the child to DFCS and/or EMS personnel.
- Unless grossly contaminated bring items such as eyeglasses, hearing aids, attached medical equipment and prescription medicine.
- No cloth or paper possessions should be brought with the child.

Decontamination

- If a child is visibly contaminated, remove clothes and decontaminate. Utilize soap and water for decontamination.
- Decontamination should be performed by the agency that is responsible for that task.
- Take into consideration the age and gender of the child as well as weather conditions.
- If no visible signs of contamination, change into clean clothes and leave contaminated clothes at the scene.
- Eyeglasses, hearing aids, etc. should be cleaned with any multi-surface household cleaner.
- Child should be bathed at the earliest opportunity.

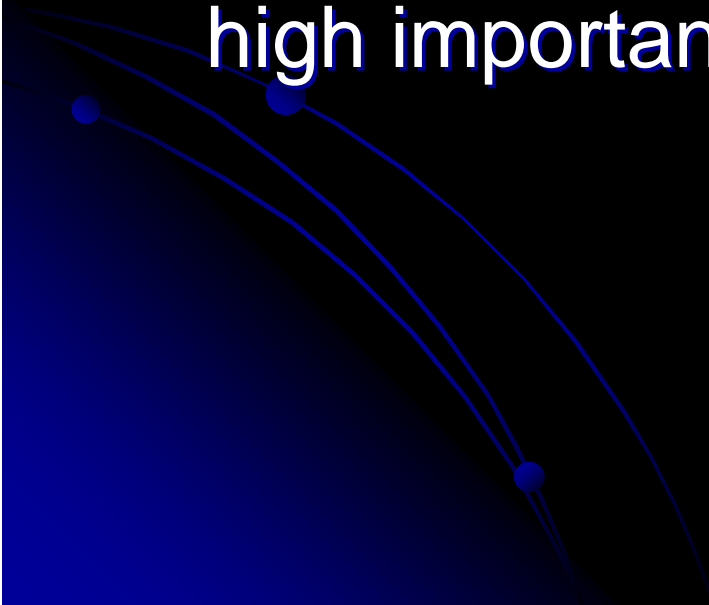
Clothes

- Change the child's clothes on the scene as soon as possible.
- If the child can change clothes without assistance provide an appropriate place to do so.
- If the child needs assistance anyone who is capable of doing so should help.
- Consult with decontamination staff regarding disposition of removed clothing.
- It is preferable to use clean clothes from outside the home.
- Do not use clothing from inside the house until it has been laundered.

Medical Evaluation

- Conduct an initial evaluation with on scene EMS personnel.
- Follow up evaluation should be conducted in accordance with normal DFCS procedures. This evaluation should cover areas specified in the Protocols.

Possessions

- No possessions should be removed except for those already mentioned.
 - After scene is considered safe items of high importance may be retrieved.
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PROTOCOLS FOR MODERATE RISK SITUATIONS

- Definition of Moderate Risk Situation:
 - No **cook** in progress and no evidence of recent **cook** apparatus were found in an area where children share ventilation (area in which child resides).

Initial Encounter

- Police removes child from location and brings the child to DFCS and/or EMS personnel.
- Unless grossly contaminated bring items such as eyeglasses, hearing aids, attached medical equipment and prescription medicine.

Decontamination

- If a child is visibly contaminated, remove clothes and decontaminate. Utilize soap and water for decontamination.
- Decontamination should be performed by the agency that is responsible for that task.
- Take into consideration the age and gender of the child as well as weather conditions.
- If no visible signs of contamination, change into clean clothes and leave contaminated clothes at the scene.
- Eyeglasses, hearing aids, etc. should be cleaned with any multi-surface household cleaner.
- Child should be bathed at the earliest opportunity.

Clothes

- Change the child's clothes on the scene as soon as possible.
- If the child can change clothes without assistance provide an appropriate place to do so.
- If the child needs assistance anyone who is capable of doing so should help.
- Consult with decontamination staff regarding disposition of removed clothing.
- It is preferable to use clean clothes from outside the home.
- Do not use clothing from inside the house until it has been laundered.

Medical Evaluation

- Conduct an initial evaluation with on scene EMS personnel.
- Follow up evaluation should be conducted in accordance with normal DFCS procedures. This evaluation should cover areas specified in the Protocols.

Possessions

- Items can be removed with the child or once the scene has been processed and determined to be safe.
- Items that are grossly contaminated should be left at the scene for further evaluation.
- Unless grossly contaminated, hard surface items can be cleaned with any multi-surface household cleaner.
- Clothes or stuffed items contained in drawer or covered boxes can be removed. These items should be transplanted in plastic bags and laundered upon receipt by foster parents.
- If there is uncertainty about an item, leave it at the scene for later evaluation.

PROTOCOLS FOR MINOR RISK SITUATIONS

- Definition of Minor Risk—
 - No **cook** in progress and no evidence of recent **cook**.
 - No chemicals or **cook** apparatus or evidence of contamination found in an area with shared ventilation with the area in which the children were residing (e.g. children are found in a house without any immediately evident contamination *and* the house does not share any ventilation [i.e. ducts or doors or windows] with a trailer in which chemicals and cooking vessels were housed.).


Initial Encounter

- Police removes the child from location and brings the child to DFCS and/or EMS personnel.
- Possessions immediately brought with child should include eyeglasses, hearing aids, attached medical equipment and prescription medicine.
- If any of these items are visibly contaminated follow the guidelines for moderate risk contamination.

Decontamination

- If the child is visibly contaminated use the guidelines for moderate risk exposure.
- The child does not need decontamination at the scene.
- Children should be bathed at the earliest opportunity that protects privacy and health.
- Items brought with the child can be wiped clean utilizing a multi-surface household cleaner.

Clothes

- The child should change clothes in this situation utilizing clothing from outside the home or clothing from inside the home that is not visibly contaminated.
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Medical Evaluation

- If the child has ANY acute health complaints, or there are ANY concerns regarding the child's acute health, or if the child was rescued from a burning structure, the child should be evaluated by a physician before placement.
- If the child does NOT have any acute health complaints and there are NO concerns regarding the child's acute health, DFCS should follow the standard procedure for any child taken into DFCS.

Possessions

- Items can be removed with the child or once the scene has been processed and determined to be safe.
- Items that are grossly contaminated should be left at the scene for further evaluation.
- Unless grossly contaminated, hard surface items can be cleaned with any multi-surface household cleaner.
- Clothes or stuffed items that do not have visible contamination can be sent to the foster family to be washed
- If there is uncertainty about an item, leave it at the scene for later evaluation.