



LEVEL 2 Protocol
Utah Best Practice Guidelines For Medical Evaluations Of
Children Found in Drug Exposed Settings

For Children Found in a Clandestine Drug Lab Refer to:
Level 1 National Protocol for children found in drug labs.
Transport to Emergency Department immediately via EMS

LEVEL 2
Children found living in a drug endangered environment

LAW ENFORCEMENT
Recommendations

Provide Field Card
To DCFS

- Field Card**
1. Include chemicals/drugs present and child access
 2. Photographs of living conditions and evidence
 3. Copy to DCFS Caseworker
 4. **Copy to Medical Provider**
 5. Submit data to EPIC (National law enforcement database)
 6. Include information on general report and to all applicable databases

Consider Forensic Interview jointly with CPS

CHILD PROTECTION
Recommendations

DCFS EVALUATION

- DCFS/CPS**
1. Identify all siblings and obtain tracking information
 2. Gather medical history
 3. Give Shelter report (reason) and Child Abuse/Neglect Report information to medical providers
 4. Consider forensic interview with Law Enforcement
 5. Update Databases
 6. Regardless of placement follow medical evaluation recommendations

- Protective Custody Caregiver**
1. Identify as drug endangered child in SAFE Data System
 2. Intake Health History (CPS23)
 3. Medical tracking
- Foster Care**
1. Identify as DEC child in SAFE Data System

MEDICAL
Recommendations

MEDICAL EVALUATION

- Medical Triage and Assessment**
1. If acutely ill or injured, recommend immediate medical evaluation (EMS/Emergency Dept.)
 2. Comprehensive physical examination within 5 days
 3. Lab testing based on scene exposure (UA if within 12 hours)
 4. Developmental screening with referral for a full evaluation as needed

- Medical Follow-Up**
1. Repeat medical evaluation in 30 days, 6 months and 1 year
 2. Follow up developmental evaluations as needed based on the initial screening and/or evaluation
 3. Follow up mental health interventions and assessments as needed
 4. Any specialty referrals as indicated (sex abuse exam; ENT; Cardiac, dermatology etc.)

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This is for the children that are found in a setting where drugs are found and/or used, chemicals are stored, or where children are otherwise exposed.

LAW ENFORCEMENT

Information to provide to: Medical Providers and DCFS

1. The quantity and types of drugs/chemicals present, how found (i.e. uncapped, syringes, in tin cans), so that potential exposures of the child can be determined. Document the condition of the home (i.e. the odors, etc.) or drug-endangered setting. If a lab is "functioning or functional" see Level 1 Protocol.
2. The photographs of the scene (i.e. height of chemicals, location of drugs, general state of children, guns, pornography). This information aids in the child endangerment prosecution and shows medical providers the potential exposures and possible sex abuse issues.

Within 72 hours

Determine if Children's Justice Center interview is needed.

Follow-up

1. Update databases as needed.

These children should not be medically symptomatic. If the children are having any respiratory or neurological symptoms, burns or other serious injury, they must go to an emergency facility. Bruises need documentation and may need to be medically evaluated.

CHILD PROTECTIVE SERVICES CASEWORKER

1. The documentation of the scene in terms of potential exposure as received from law enforcement. Provide this information to medical providers.
2. Assess child for signs and symptoms of acute illness, injury or other medical condition needing medical attention. Call EMS/transport child to the Emergency Department if indicated.
3. Signs and symptoms of minor illness, take to medical provider within 24 hours.
4. Children who are not having any medical problems, should be seen by a medical provider who is aware of the needs of a drug-exposed child. Siblings and all children who have lived in the home will need to be examined.
5. The intake and medical histories of the children need to be investigated and documented and shared with medical providers. Allergies, medical conditions and medications are critical to give to the shelter and providers.
6. Regardless of placement, follow guidelines for recommended medical evaluations.

Follow-up

1. Input all the gathered information into a database and activity log as determined by the local, state protocols.
2. Give all medical information to medical provider.
3. Refer for mental health services.

PROTECTIVE CUSTODY CAREGIVER

1. Pay specific attention to the signs and symptoms of illness (i.e. breathing problems and skin conditions, other symptoms of illness, exacerbation of chronic health problems).
2. Review all medical history including chronic conditions; medications taken daily and/or regularly. Be sure to document allergies to drugs; latex or environment.
4. Regardless of placement follow guidelines for recommended medical evaluations.

MEDICAL PROVIDERS

Within 5 days

1. Head to toe exam of the children medically stable and document any findings that might need treatment. This may occur in a specialized clinic or private health care provider's office. This should include a comprehensive medical evaluation including a thorough pulmonary, skin, neurological assessment, developmental screen and affect (scared, happy, detached). This may include observations by RN caseworkers or caregivers to document the affect of the children.
2. Based on scene information, patient history or medical need, the provider may recommend the following tests determined by the level of exposure. The testing may include a CBC (anemia, cancers, thrombocytopenias), lead screen, and Chemistry Panel to include BUN/Cr and LFT's (kidney and liver damage, electrolyte imbalances). If there is a positive history that needles or sexual abuse exposure was present, STD testing (GCL/PCR screen; HIV; RPR; Hepatitis Panel) with follow-up testing at 3 and 6 months.
3. Chain of Evidence forms may be utilized or usual medical protocols, for testing of blood, cultures or hair. Legal Guardian must sign consent.

Comprehensive Medical Evaluation checklist:

1. A complete medical evaluation.
2. Lab testing based on scene exposure.
3. Developmental screen using an age appropriate standardized tool, and referral as needed for full evaluation.
4. Hearing screen.
5. Mental health screen and referral for therapy.
6. Dental referral.
7. Referral to primary health care provider.

Follow-Up

1. Repeat medical evaluation in 30 days, 6 months and 1 yr.
2. Follow up developmental evaluations as needed based on the initial evaluations.
3. Follow up mental health interventions and assessments as needed.
4. Any specialty referrals (sex abuse exam; ENT; Cardiac, dermatology etc.)