DHS Methamphetamine Protocol

The DHS Methamphetamine Protocol was developed to ensure that the health and safety of children found in or near methamphetamine laboratories is addressed in a consistent and quality manner. The environmental contamination and hazardous life styles of a meth lab setting create numerous risk factors for children, and may result in abuse, neglect and/or health endangerment. This protocol addresses the immediate health and safety needs of children, establishes best practice and provides guidelines for coordinated efforts between DHS workers, law enforcement and medical services.

Methamphetamine (meth) labs can pose significant danger to all workers who conduct home visits including child welfare workers. Meth labs carry the risks of fire and explosion, exposure to chemicals and fumes, and volatile confrontations with highly agitated and unpredictable users. It is important to understand the warning signs that you may be approaching, or already in, a meth lab.

Potential indicators of meth lab activity may include but are not limited to the following:

- Strong odor of chemicals in the area.
- Large numbers of discarded propane tanks, cold medicine packages, paint thinner, antifreeze, starting fluid, Drano, Red Devil Lye, matches, lithium batteries, coffee filters, glass or plastic tubing, heating plates, and soft drink or fruit juice bottles.
- Complaints from neighbors about strange smells coming from the property.
- Heavy fortification such as bars on or blackened windows or signs of alert mechanisms such as video surveillance.
- Suspicious automobile traffic and visitors to the site.
- Unusual hours of activity.
- Chemical cans or drums in the yard.
- People leaving the building to smoke or piles of cigarette butts.
- Open windows in cold weather or fans for ventilation.

In addition to the dangers from the physical environment of a meth lab there are dangers associated with people who are abusing the drug. Some potential indicators are:

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<th>Irritability and potentially violent.</th>
<th>Signs of chemical burns.</th>
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<td>Dilated pupils.</td>
<td>Lack of dental care (“meth mouth”).</td>
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<td>Paranoia.</td>
<td>Signs of picking at skin.</td>
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<td>Agitation.</td>
<td>Increased feelings of depression.</td>
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If a lab is alleged or encountered, child welfare workers should proceed in compliance with the following Methamphetamine Protocol:

1. When a DHS worker suspects methamphetamine manufacturing and/or components potentially hazardous to a child(ren), they should contact law enforcement. If a worker sees or smells signs of a potential meth lab, s/he must leave the property immediately without alarming the suspects and must contact law enforcement. A worker should not enter the premises of a known methamphetamine lab.

2. When law enforcement discovers evidence of current methamphetamine manufacturing and/or components potentially hazardous to a child(ren), CPS must be contacted immediately, in accordance with the Child Protection Law.

3. Coordination of the investigation with CPS and law enforcement should include:
   - Identification of safety issues for any child(ren).
   - Photographs of each child and/or scene showing the proximity of the hazardous material to the child(ren)’s living environment, condition of living environment, injuries, signs of neglect, etc.
   - Identification of each child, parents and/or caretakers, other household members and witnesses.
   - Forensic interviews (refer to Forensic Interviewing Protocol, DHS Pub. 779) of each child which include questions and clarification regarding:
     - Primary caretaker.
     - Child’s knowledge of the drug manufacturing process.
     - Child’s living area if relative to the hazardous material.
     - Medical problems.
     - School attendance.
     - Other children living in the home who were not present at the time of the arrest or contact.
   - CPS and law enforcement should share information pertinent to child welfare.

4. When a child is exhibiting symptoms suspected to result from exposure to methamphetamines or components thereof, EMS must be called and an emergency medical evaluation must be sought.
Symptoms:
• Respiratory distress/breathing difficulties.
• Red, watering, burning eye(s).
• Chemical/fire burns.
• Altered gait (staggering, falling).
• Slurred speech.
• Any other symptom requiring emergency care.

5. All children suspected of exposure must be taken for medical evaluation. Efforts towards obtaining medical evaluation are to be made within four (4) hours to help determine the best possible treatment for the child. The most accurate exposure levels are obtained when the medical evaluation is completed within four (4) hours or less. Treatment for exposed children must occur according to the recommendations of the attending physician. All medical treatments and recommendations must be documented in the CPS and/or foster care case file.

6. Items including but not limited to clothing, bedding and toys should not be removed from the scene.

7. A debriefing between law enforcement, CPS, medical personnel and others may be requested to identify problem areas and make recommendations. Refer to A Child Abuse Protocol-Coordinated Investigative Team Approach (DHS Pub. 794).

For additional information go to www.michigan.gov/meth

For staff concerns of exposure workers should document the incident by contacting the DHS Office of Human Resources for procedures for incident reporting. Refer to Administrative Handbook Items:
AHP 639-5 - Prevention of Workplace Violence.
AHP 639-6 - General Accident Reporting and Compensation for Accidental Injury.
AHI 451 - Employee Safety, Security and Health.