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	Methamphetamine Exposure	Section 7	Subsection 9	1

I. SUBJECT

Methamphetamine Exposure Policy

II. PRACTICE MODEL

- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.
- We separate dangerous caregivers from children in need of protection. When court action is necessary to make a child safe, we will use our authority with sensitivity and respect.
- Our staff is our most important asset. Children and families deserve trained, skillful staff to engage and assist them.

III. LEGAL BASE

Title 22 M.R.S., Chapter 1071, section 4002, subsection 1, Definitions; section 4003, Purposes; section 4004-B, Infants born affected by substance abuse.

IV. DEFINITIONS

Contamination:

Clearly visible evidence of chemicals on an individual or item. Examples include, but are not limited to, large fresh stains or obvious odor.

Maine Drug Enforcement Agency (MDEA):

As a program of the Maine Department of Public Safety, the MDEA's mission is to disrupt the drug market, thereby undermining the ability of drug suppliers to meet, expand, and profit from drug demand while supporting prevention efforts and contributing to treatment efforts. The MDEA's goals are to: reduce availability of drugs; protect the State's borders by stemming the flow of drugs into and through Maine; strengthen the State's drug law enforcement infrastructure; strengthen intelligence and information sharing; enhance collaboration and coordination with all law enforcement agencies; and establish effective partnerships within state government.

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Methamphetamine (Meth):

Methamphetamine is a highly addictive stimulant that strongly activates certain systems in the brain. Methamphetamine is a crystal-like powdered substance that sometimes comes in large rock-like chunks. When the powder flakes off the rock, the shards look like glass, which is another nickname for meth. Meth is usually white or slightly yellow, depending on the purity. It has a Federal classification as a Schedule II drug. Street names: Chalk, Crank, Croak, Crypto, Crystal, Fire, Glass, Meth, Tweek, and White Cross. Methamphetamine can be taken orally, injected, snorted, or smoked.

V. Policy

The policy guides staff in how to safely assess children and families who have been exposed to the chemicals involved in producing methamphetamine. This policy is also a guide for staff who have come in contact with the chemicals associated with the production of methamphetamine. In consultation with MDEA, it is now the policy of DHHS to consider it a high risk situation and act accordingly when children have been exposed to the methamphetamine cooking process either directly (in the home where they live or another home) or indirectly (a structure or location near their home such as their families garage, nearby shed, or even the family car).

...Children living in settings of methamphetamine labs are at extremely high risk of a wide range of serious negative consequences including breathing difficulties, headaches, vomiting, confusion, liver and kidney problems, poisoning, homicides, and accidental deaths and burns due to home-based methamphetamine lab fires and explosions.

Methamphetamine is a highly addictive psychoactive stimulant that produces an intensely euphoric high, followed by a “crash” that causes depression, irritability, insomnia, nervousness, and paranoid aggressive behaviors (Office of National Drug Council Policies [ONDCP], 1999) – all of which present a risk of serious neglect and abuse to the children of methamphetamine-dependent parents.

Children who live in home-based methamphetamine labs are not only exposed to their parents’ chaotic and drug-focused lifestyles, but also to the highly psychoactive stimulant and the toxic precursor chemicals associated with methamphetamine production. In fact, approximately 55% of children removed from home-based methamphetamine labs test positive for toxic levels of

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chemicals in their bodies (EPIC National Clandestine Laboratory Seizure System, 2003).

Clearly, the combination of exposure to the toxic effects of the drug itself and to the aberrant behavior of the adult methamphetamine users puts children living in these settings in a uniquely dangerous and damaging environment. However, no empirical studies to date have measured the impact of this circumstance. Thus, medical, developmental, and placement outcomes of these children remains unknown.¹

Thoroughly assess for all forms of child abuse in these situations and refer to a medical specialist for a medical examination as needed.

¹ Nena Messina, Patricia Marinelli-Casey, Kathleen West, and Richard Rawson, "Children Exposed to methamphetamine use and manufacture", Child Abuse and Neglect, 2014 Nov;38(11); 1872-1883. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3029499>)

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Procedures for Caseworkers Regarding Methamphetamine Exposure

A. What to do when meth is discovered or suspected:

1. If staff discovers a meth lab or suspects the presence of chemicals being used to make methamphetamine during a home visit or child maltreatment investigation, leave the house, depart the immediate area, then:
 - a. Call supervisor and then call local police or the MDEA; advise law enforcement about any children that are in the house.
 - b. As soon as possible staff will return home, take a hot soapy shower, change and wash clothing as well as any other accessories in hot soapy water. Staff will be compensated for a reasonable time.
2. Remain away from the house until after law enforcement has responded to the call and secured the house and the people inside.
3. If called to a meth lab site by law enforcement, respond to the call, but do not enter the house, unless assured by law enforcement that all chemicals have been removed and it is safe to enter.

B. Removal and Decontamination of Children, their clothing and possessions.

1. Wear disposable gloves.
2. When the child(ren) are brought out of the house, touch them only with gloved hands. Discuss with law enforcement the children's estimated level of contamination and what degree of decontamination is needed.
3. If the law enforcement officers or other personnel at the scene have decontamination equipment, allow them to decontaminate the children. If there is no decontamination equipment on site, drape a non-contaminated material (e.g. blanket) around the child(ren) like a cape, head to foot before placing the children in any vehicle.
4. No cloth or paper possessions should be brought with the child at the time of the evacuation from the site.
5. Children should be taken to the nearest hospital for a comprehensive health screening to include the following laboratory tests:
 - a. A urine sample: to test for methamphetamine levels.
 - b. Blood work sample to include a complete blood count (CBC), liver function test (LFT), and kidney functions tests;
 - c. Any other recommendations based on medical assessment.

Children should be decontaminated at the hospital if still necessary.

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The primary purpose of the medical exam is to ensure the health of the child(ren). Evidence may also be collected through the medical examination process that supports that the children have been exposed to methamphetamine and/or the chemicals used in a meth lab.

6. Eye glasses, hearing aids or durable medical equipment attached to the child who was evacuated should be cleansed or wiped down thoroughly (i.e. every surface needs to be cleaned). Items in this category that have no visible contamination can generally be cleaned by use of typically available household multi-surface cleaners (such as Fantastik, Formula 409, or similar agents) while wearing household rubber gloves. However, best practices should be determined in consultation with decontamination staff, hazardous materials experts and/or the Northern New England Poison Control Center. (1-800-222-1222)

C. Caseworker Care Instructions

1. Direct Contact with Drugs or Chemicals

When a Child Welfare staff comes into direct contact with chemicals associated with the production of methamphetamine they must do the following:

- a. Go to the local emergency room;
- b. Properly discard any contaminated clothing or accessories that came into contact with the chemicals;
- c. Gather from the MDEA a list of chemicals that were present in the home, and document this and other required information on the form for Documentation of Caseworker Drug/Chemical Exposure (to access this form, go to the documentation link provided in this policy). The caseworker shall submit this form to his/her supervisor. The supervisor is responsible for submitting the form to Human Resources.
- d. Seek further medical attention as needed if symptoms arise (*see form for Documentation of Caseworker Drug/Chemical Exposure for a list of symptoms*) and;
- e. Follow the reporting requirements in the Department's policy #DHHS-15-05 "Work Related Injuries". The worker and supervisor will file their respective forms.

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2. Subsequent Symptoms

- a) Seek further medical attention as needed if symptoms arise (*see form for Documentation of Caseworker Drug/Chemical Exposure for a list of symptoms*) and;
- b) Follow the reporting requirements in the Department's policy #DHHS-15-05 "Work Related Injuries". The worker and supervisor will file their respective forms.

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Documentation of Caseworker Drug/Chemical Exposure

CASEWORKER INFORMATION	Child welfare Staff who have entered a laboratory will submit the original of this form (front and back completed) for each laboratory entered. This form will be submitted within 5 days after laboratory exposure completion to the: Supervisor	
	Name	Date of birth
	District Office: <input type="checkbox"/> D1 <input type="checkbox"/> D3 <input type="checkbox"/> D5 <input type="checkbox"/> D7 <input type="checkbox"/> D2 <input type="checkbox"/> D4 <input type="checkbox"/> D6 <input type="checkbox"/> D8	
Exposure Information	DATE OF LABORATORY EXPOSURE :	
	MACWIS # _____	
	TYPE OF DRUG (Methamphetamine, LSD, PCP, Cocaine, etc.)	
	AMOUNT OF TIME YOU WERE IN THE LAB (Minutes and/or Hours)	
	CHEMICAL EXPOSURE: Name ALL chemicals (No Abbreviations) to which you were exposed	
MEDICAL TREATMENT	PROVIDER AND DESCRIPTION OF TREATMENT (emergency room –respiratory assessment, blood work and Liver and kidney function tests)	
	DATE FIRST AID TREATMENT RECEIVED:	
	Symptoms after exposure: check all that apply:	
	None Noted	<input type="checkbox"/>
	Eyes Burn	<input type="checkbox"/>
	Nose Irritation	<input type="checkbox"/>
	Nose Bleed	<input type="checkbox"/>
	Cough	<input type="checkbox"/>
	Sore Throat	<input type="checkbox"/>
	Breathing Difficulty	<input type="checkbox"/>
	Nausea / Queasiness	<input type="checkbox"/>
	Headache	<input type="checkbox"/>

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	Light-headed / Dizzy <input type="checkbox"/> Skin irritation / Rash <input type="checkbox"/> Chemical Burns <input type="checkbox"/> Collapse <input type="checkbox"/>	
SPECIAL CONDITIONS IN LABORATORY	Fire <input type="checkbox"/>	
	Explosion <input type="checkbox"/>	
	Uncontrolled Reactions <input type="checkbox"/>	
	Leaks / Spills <input type="checkbox"/>	
	Chemicals on skin or clothes <input type="checkbox"/>	
Other Information:		
Caseworker Signature Date	Supervisor Signature Date	