

CHEM-L Protocol: Exposure Record

(Completed by law enforcement at the scene and filed with child's medical record)

Form ①

See instructions on page 2

Child's Name: _____ Date: _____

Completed by: _____ Phone: _____

Exposure type (circle)	Volatile Organic Compounds
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gasoline
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ether
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Methanol
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Acetone
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Exposure type (circle)	Pulmonary Irritants
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Anhydrous ammonia
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCl Gas
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Exposure type (circle)	Skin Irritants
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Muriatic Acid (HCl)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sulphuric Acid
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sodium Hydroxide
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Exposure type (circle)	Other Hazards
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Methamphetamine
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Needles, Paraphernalia
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Version 4.0

Exposure Type:



In container at site



Spilled or open



Contact with child



+ Environmental Monitoring

CHEM-L Protocol: Exposure Record





Form ①

(Completed by law enforcement at the scene and filed with child's medical record)

***** Fill out this form at the scene and send it with the child to the physician for the initial medical assessment.**

***** This form should become part of the child's medical record.**

This form is used to document potential chemical exposure to children who are found in association with a clandestine methamphetamine laboratory. It should be completed at the scene by a law enforcement officer and sent with the child to the physician for an initial medical assessment. For each chemical found, circle the appropriate icon to represent the degree of exposure:

- | | | | |
|-----------------------|---|----------------------------|--|
| Exposure Type: |  | In container at site | Circle this icon when a chemical is found at the site in a closed container. |
| |  | Spilled or open | Circle this icon when a chemical is found at the site in an open container or spilled in the environment. |
| |  | Contact with child | Circle this icon when a chemical is found spilled on the child's clothes or otherwise in contact with the child. |
| |  | + Environmental Monitoring | Circle this icon when an environmental test reveals the presence of the chemical in the environment. |

For each section of the form, use the blank lines to fill in other chemicals found.

Use the Notes/details section to further describe any exposure.

***** If form is not complete when child is taken to the physician, send a partially completed form with child and supplement with a completed form as soon as possible.**



Tear form at fold and mail this evaluation to address on back.

CHEM-L Protocol Feedback Form: Law Enforcement

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

1. Date protocol was initiated: _____
2. County where protocol was initiated: _____
3. Age and gender of child(ren) involved: _____
4. To what degree was this protocol helpful to you in dealing with the child(ren)?
Very Helpful 1.....2.....3.....4.....5 Not Helpful at all

Comments:

5. How well were you able to complete the exposure information on the form to reflect the situation at the scene?
Very Completely 1.....2.....3.....4.....5 Very Incompletely

Comments:

6. How quickly did the health care provider receive the exposure information?
Immediately 1.....2.....3.....4.....5 Not At All

Comments:


7. How could this protocol have been improved?

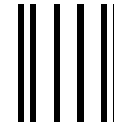
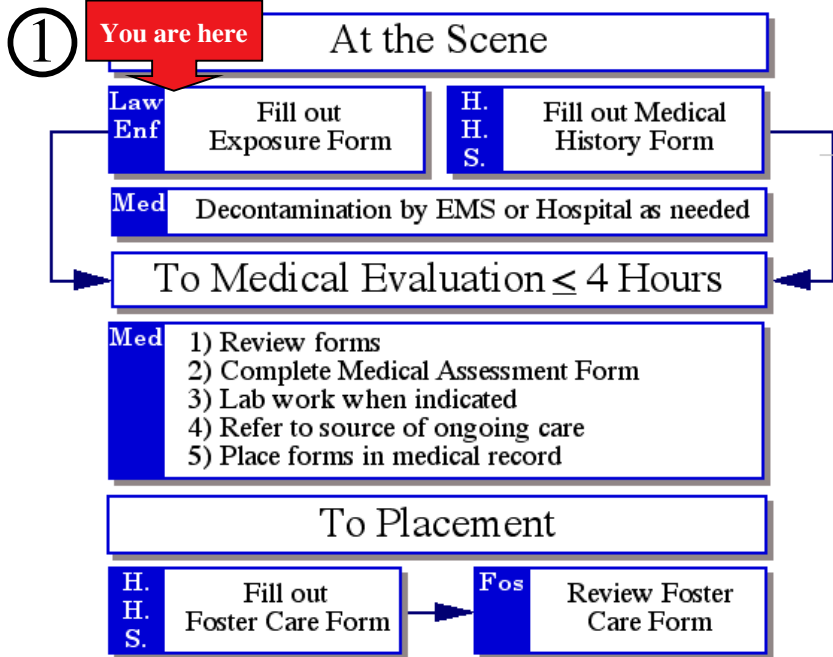
Name: _____ Role: _____ Date: _____

See protocol summary and folding instructions on page 4.

CHEM-L Protocol Summary

- Form 1: Exposure summary completed at the scene by law enforcement.
- Form 2: Health history completed at the scene by individual responsible for the child(ren).
- Form 3: Medical assessment completed by health provider after the exam. All three forms are filed with the child's medical record.
- Form 4: Foster care guidelines completed by health provider or individual responsible for child(ren).

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Lincoln, NE 68501-9888



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CHEM-L Protocol: Health History Record

Form ②

See instructions on page 2

(Completed at the scene with available information and filed with child's medical record)

Child's Name: _____ Date of Birth: _____ Age: _____

Sources of Care: Name: _____ Specialty: _____ City: _____ Phone: _____ Last seen: _____

Primary care: _____

Specialist(s) _____

Other: _____

Immunizations up to date? Yes ___ No ___ Unknown___ Given by: _____

Medications and Equipment *** These items should accompany child:

Prescription medications: _____

Over-the-counter medications: _____

Equipment (nebulizer, orthotics, hearing aids, etc.): _____

Eye glasses or contacts: Yes _____ No _____

Known Health Conditions

Allergies: _____

Current acute illnesses: _____

Known chronic illnesses: _____

Problems with development or speech/language: _____

Special education needs: _____

Past Health Events

Birth hospital: _____ Problems?: _____

Hospitalizations:(date and reason) _____

Surgery:(date and reason) _____

Accidents/injuries:(date and type) _____

CHEM-L Protocol: Health History Record

Form ②

(Completed at the scene with available information and filed with child's medical record)

Filling in this Form

This form should be completed by the individual assigned to the child using any source of information available at the scene, including the child when appropriate and any adults who are present and cooperative. In addition, search the site for information that may be relevant. This information will be helpful in providing appropriate medical care and placement for the child.

Sources of Care:

In this section, list the name, specialty, city, and telephone of any physicians who have seen the child in the last year if this is known. Check whether the immunizations are complete and who administered them, if known.

Medications and Equipment

In this section, list all known prescription medications or over-the-counter medications. Search the site for medications and/or medical equipment such as a nebulizer, orthodontics, hearing aids, etc. Look for eyeglasses.

***** These items should accompany child to the physician.**

Known Health Conditions

In this section, list any known allergies, acute illnesses, chronic illnesses. Ask if the child has had any problems with physical or language development and if the child is in special education.

Past Health Events

In this section, list the child's birth hospital if possible. This will help in identifying medical records. List any problems experienced at birth. List any hospitalizations, surgery, accidents, or injury.

***** This form should accompany child to the physician and become a part of the child's medical record.**



The individual assigned to the child(ren) at the scene should tear form at fold and mail this evaluation to address on back.

CHEM-L Protocol Feedback Form: Primary Child Contact

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

1. Date protocol was initiated: _____
2. County where protocol was initiated: _____
3. Age and gender of child(ren) involved: _____

4. Who assumed responsibility for the children at the scene?
___ Law enforcement officer ___ Protection and Safety Worker
___ Other (describe): _____

5. To what degree was this protocol helpful to you in dealing with the child(ren)?
Very Helpful 1.....2.....3.....4.....5 Not Helpful at all

Comments:

5. How well were you able to complete the health history form at the scene?
Very Completely 1.....2.....3.....4.....5 Very Incompletely

Comments:

6. Was child taken into protective custody at the scene? Yes ___ No ___

7. How quickly was the child seen by the health care provider after being placed in protective custody?

Within 1 hour ___ 1-2 hours ___ 2-4 hours ___ 4-6 hours ___

Greater than 6 hours ___ Not At All: ___

Comments:


8. How can this protocol be improved?

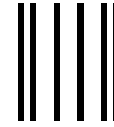
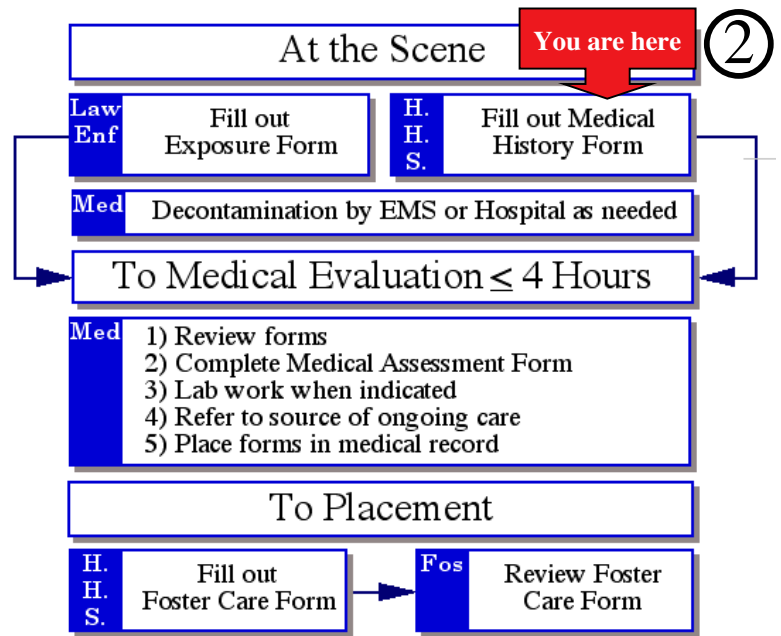
Name: _____ Role: _____ Date: _____

See protocol summary and folding instructions on page 4.

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CHEM-L Protocol: Initial Medical Assessment

Form ③

See instructions on page 2

(Completed by the physician and filed with Exposure and History forms in the child's medical record)

Child's Name: _____ Age: _____ Today's Date: _____

Completed by: _____ Phone: _____

Exposure to a meth lab involves many risks. Please address the following risk areas with a careful history and physical examination. *Document positive findings here. Use additional sheets if necessary.*

A Abuse

History of physical abuse:

Unclothed, external body inspection for evidence of abuse:

External genital exam:

B Behavior and Mental Health

Evidence of abnormal behavior (e.g., aggressive, withdrawn, hyperactive, impulsive):

Signs of depression, anxiety, or other mental health problem:

C Care and Neglect

Growth: Ht. _____ %ile _____ Wt. _____ %ile _____ H.C. _____ %ile _____

Nutrition:

Chronic infections or neglected chronic illness?

D Development

Fine and gross motor development:

Language development:

E Exposure to Drugs or Chemicals

Neurological (e.g. abnormal pupils, eye movements, agitation, reflexes, tone, strength, sweating, seizures):

Cardiovascular: HR _____ Rhythm _____ BP _____

Respiratory (e.g. tachypnea, retractions, cyanosis): RR _____

Other (e.g. jaundice, hepatomegaly, abnormal U/A):

*** Send urine for drug screen as mentioned in #4 on reverse.

See other side →

(Completed by the physician and filed with Exposure and History forms in the child's medical record)

Purpose Children living in association with a clandestine methamphetamine lab are at risk for many things including chemical exposure, physical abuse, neglect, developmental delay, mental health problems, and behavior problems. This protocol has been developed to guide appropriate initial evaluation and management. An exposure record is available to detail the chemicals and exposures noted at the site.

Information and Consultation Toxicological information and consultation with specialists in poison information and/or a Medical Toxicologist are available 24 hours a day from the Nebraska Regional Poison Center: **Toll free 1-800-222-1222 (Omaha area 402-955-5555)**

Types of Chemicals Used in Clandestine Methamphetamine Labs

Methamphetamine can be made using one of several different chemical processes. All start with ephedrine or pseudoephedrine, often in large amounts. Most methods include the use of **a)** solvents, including volatile organic compounds (VOCs), toxic alcohols, and ether; **b)** caustic compounds such as hydrochloric acid, sulfuric acid, sodium hydroxide, and anhydrous ammonia; **c)** volatile metals such as lithium or sodium; and, **d)** a variety of chemical salts. The "red phosphorous" method may involve exposure to phosphorous and heavy metals. Many steps are involved and they are often inexpertly performed. As a result, a person can easily be exposed to hundreds of different chemicals.

Health Effects Exposure to these chemicals may produce the symptoms of **a)** stimulant overdose (methamphetamine or ephedrine/pseudoephedrine); **b)** burns from caustic compounds (strong acids or bases, lithium, sodium, or anhydrous ammonia); **c)** pulmonary damage (anhydrous ammonia or other gases); **d)** CNS depression; **e)** cardiac sensitization (volatile organic compounds); and, **f)** other toxicity from exposures to metals, solvents, and other compounds. Potential effects depend on the *specific chemical* to which a person is exposed, the *route* of exposure, the *dose* of exposure, the *duration* of exposure, and *specific vulnerabilities* of the individual (e.g., children).

Methamphetamine is a long-acting synthetic amphetamine with sympathomimetic effects including: hypertension, tachycardia, tachypnea, sweating, and dilated pupils. Exposure may be by injection, snorting, smoking or ingestion. Toxic exposure can result in hypertensive crisis, tachydisrhythmias, agitation, paranoid ideation, seizures, and intracranial bleeding.

Management of a Child Exposed to a Methamphetamine Lab

1. Stabilization: Attention to maintenance of a patent airway, oxygenation, and circulation.
2. Significant trauma or burns (including airway exposure to anhydrous ammonia with respiratory difficulty) should result in consultation with the trauma center and/or the burn center. (see below)
3. Screen child for risks outlined on the initial medical assessment on reverse side.
4. Collect a urine sample for drugs of abuse screening. Set aside a portion of urine for confirmation of positive results by GC/MS. Observe chain of custody procedures for all samples!
5. Perform additional lab work, ECG, X-rays, etc., when clinically indicated.
6. Contact The Poison Center for further information and guidance if a significant toxic exposure has occurred (See numbers above.)

**Trauma Centers: Omaha UNMC 402-559-4020 Omaha Creighton 402-449-4590
Lincoln 402-475-1011 Kearney 800-474-7911 Scottsbluff 308-635-3711**
Burn Centers: Omaha 402-552-2876 Lincoln 402-219-7680



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CHEM-L Protocol Feedback Form: Health Care Provider

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

Date protocol was initiated: _____

County where protocol was initiated: _____

Age and gender of child(ren) involved: _____

1. To what degree was the protocol helpful to you in dealing with the child(ren)?
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

2. Did you receive information about the child(ren)'s exposure at the scene?
Yes ___ No ___ If yes, how helpful did you find it?
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

3. Did you receive information about the child(ren)'s health history?
Yes ___ No ___ If yes, how helpful did you find it?
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

4. Did you review the information on the reverse side of the Medical Assessment Form?
Yes ___ No ___ If yes, how helpful did you find it?
Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

5. How many of the children you examined showed signs of the following?
Physical abuse ____, Sexual abuse ____, Neglect ____, Developmental Delay ____,
Behavior and/or mental health problems ____, Effects of chemical exposure ____

6. How can this protocol be improved?


Name: _____ Role: _____ Date: _____

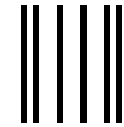
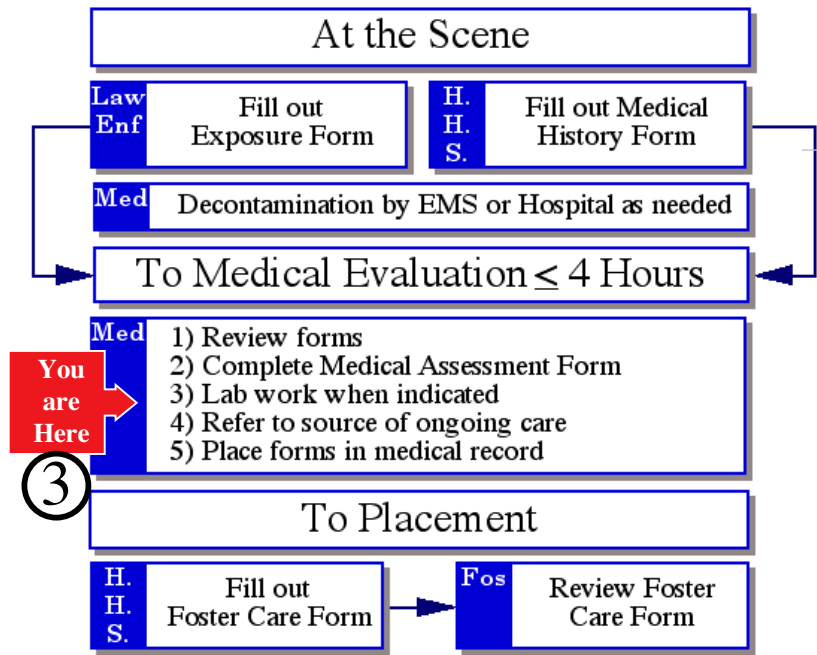
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Version 4.0

CHEM-L Protocol Summary

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CHEM-L Protocol: Foster Care Guidelines

Form ④

Complete page 2 also

Completed after medical evaluation and given to foster care provider

Child's Name: _____ Age: _____ Today's Date: _____

This child has been exposed to an illegal methamphetamine laboratory. This sheet reviews some suggestions that will help you care for the child and keep yourself, the child, and others in your household safe from possible contamination.

Health Considerations

The child has had an initial medical assessment. Information you should know about the medical assessment is listed on the back of this form. We do not expect the child to have any additional problems. However, because some effects of chemical exposure can develop slowly, you should observe the child carefully for symptoms for the next 24 to 48 hours. Please call the medical contact number on the bottom of this sheet immediately if you notice any of the following:

Headache, drowsiness, or unusual movements like tremors, shaking, jumpiness, agitation or seizures. Difficulty breathing, wheezing, coughing, or poor color. Fever. Hallucinations or mental confusion. Any other unusual symptom that seems severe and worries you.

Contamination Considerations

The child may also have come into contact with chemicals or toxins that could contaminate others. Most of these chemicals are common household or automotive chemicals, but they can be toxic. If there was any obvious contamination on the child's clothes, the child has been given a shower and has been provided with clean clothes. However, even if the contamination was not obvious, some additional precautions are warranted.

1. Give the child a bath with very warm water (not hot) and lots of soap. Wash completely, including hair, face, between the toes, and other hard-to-reach places. Drain the tub and give a second bath to remove any residual chemical. Afterwards, drain and clean the tub thoroughly.

2. Place child's clothes in a plastic garbage bag until they can be washed. Wash clothes separately from other clothes on the hottest setting. Rewash a second time and air dry outside the home, not in the dryer. Run the washer once empty to clean it thoroughly.

Mental Health Considerations

It is likely that the circumstances of discovering the illegal methamphetamine laboratory and removing the child have been traumatic. In addition, the child may have been subjected to neglect, chaotic circumstances, or overt abuse. It is important to provide a warm, stable, accepting environment for the child and to understand the emotional reactions that may follow from the child's experiences. Do not hesitate to call your Health and Human Services Protection and Safety Worker if you have any questions or concerns. That person's number is listed below.

HHSS Contact Person _____ Phone _____

Medical Contact Person _____ Phone _____

See other side 

