

**FLORIDA STATEWIDE METHAMPHETAMINE
Guideline
June 2005**

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FLORIDA COUNTIES

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This Statewide Methamphetamine Guideline is a product of the combined effort of participants in the Methamphetamine Legislative Workgroup, which includes:

Florida Alcohol and Drug Abuse Association
Florida Chief Financial Office
Florida Department of Law Enforcement
Florida Department of Health
Florida Department of Environmental Protection
Florida Department of Business and Professional Regulations
Florida Department of Agriculture and Consumer Services
Florida Department Fish and Wildlife Commission
Florida Department of Children and Families
Florida Network of Children’s Advocacy Centers
Florida Office of the Attorney General
Florida Office of Drug Control
Multijurisdictional Counterdrug Task Force Training
U.S. Drug Enforcement Administration
University of Florida

INTRODUCTION

Florida is on a knife’s edge as to whether a methamphetamine epidemic will erupt throughout the state. Meth use and the number of Meth labs in Florida have gone from statistical insignificance in 2000 to numbers of both indicating a potential breakout of Meth into Florida’s social fabric.

Meth is a highly addictive often-homemade stimulant that has migrated in America from West to East, appearing first on the U.S. West Coast and Hawaii, and then inexorably moving east, through the Plains states and into the Midwest, and most recently into the Southeast. The Florida Office of Drug Control, Florida Department of Law Enforcement and the U.S. Drug Enforcement Administration in an effort to be proactive published the *Florida Statewide Methamphetamine Strategy (2003)*. This strategy seeks to combine federal, state and local law enforcement efforts combating the clandestine manufacture and distribution of methamphetamine in Florida in order to improve the overall effectiveness and efficiency of the state’s response.

The homemade preparation of Meth presents numerous environmental and social problems. The worst problem is that of children endangered by the production of Meth in their living environment. The phenomenon of “drug endangered children,” which is covered in-depth in the Guideline below requires especially urgent attention. As the number of clandestine methamphetamine laboratories (Meth Labs) has unfortunately steadily increased in Florida, the Florida Department of Children and Families (DCF)

now routinely has to remove children not only from negligent and often abusive parents but also from toxic and volatile environments. With the assistance of public and private organizations DCF established the Northwest Florida Drug Endangered Children Work Group and published the *Northwest Florida Drug Endangered Children Multidisciplinary Protocol* to provide law enforcement, DCF, social services, fire and medical services, and prosecutors a basis for the development of community specific procedures for situations where there are drug production, trafficking, and abuse.

In preparation for the 2005 legislative session the Florida Office of Drug Control formed the Methamphetamine Legislative Workgroup (“Workgroup”) to assist in promoting legislation to strengthen Florida’s laws combating Meth production as well as control of the precursor chemicals used in Meth production. The Workgroup is composed of federal, state and local law enforcement as well as the Florida Departments of Health, Environmental Protection, Children and Families, Agriculture, and private Meth treatment and prevention focused groups.

The Workgroup monitors and evaluates the success of laws and policies in Florida and other states, assists in developing new legislation as needed to protect Florida from the scourge of Methamphetamine, and continually explores ways to better leverage existing resources to combat and reduce the Meth threat to Florida. The Workgroup collaborated to produce the *Florida Statewide Methamphetamine Guidelines* to furnish guidance in the form of best practices and lessons learned to all those charged with responding to and taking appropriate action after the discovery of a meth lab.

OBJECTIVE

The Florida Statewide Methamphetamine Guideline is designed to be a single source document advising Florida state and local agencies and other organizations in the state tasked with responding to Meth Labs and the criminal, environmental, sociological and economical issues characteristic of these operations.

Background

Clandestine Methamphetamine Laboratories have polluted the Western United States economically, socially and environmentally for several years. Most of those states have been successful in developing laws and procedures to combat the production of Meth, a highly addictive often-homemade cerebral stimulant, and the destruction associated with its production. As these producers (cooks) of Meth have begun to find it more difficult to operate in these western states, they have moved to states with less stringent or no existing anti-meth laws. In response to this trend, new legislation was enacted in Florida during the 2005 legislative session to increase criminal penalties for meth production and trafficking, and to make it more difficult for Meth cooks to gain access to large quantities of pseudoephedrine and other chemicals used to produce Methamphetamine. In addition, Florida legislators, law enforcement, child protection and environmental agencies have decided to pool our talents and resources by assembling a

Meth Legislative Workgroup and the Florida Alliance for Drug Endangered Children to address the needs of children endangered by caregivers who manufacture drugs, deal drugs, or use them and, by doing so, physically or psychologically endanger children.

Meth Lab Discovery

There are several issues that must be addressed following the discovery of a clandestine Methamphetamine laboratory. The safety of law enforcement, child protection staff, first responders, others who have or may come in contact with the site, and the many other issues associated with the discovery of Methamphetamine labs -- such as child endangerment and site preservation and clean up -- are addressed in this document.

A. Law Enforcement response Guideline

1. Clandestine laboratories are generally discovered by law enforcement personnel in two ways: either as part of an ongoing investigation where law enforcement officers expect to find a lab or when the first responder inadvertently discovers a lab during the course of other police activity. In the case of a laboratory being discovered without prior investigation, it is incumbent upon us to provide adequate guidance on how to respond.

Methamphetamine labs are also discovered by various home visiting service providers who enter these homes with no prior knowledge or expectation of criminal activity. Law enforcement personnel should follow the Guidelines below. Service providers, however, who discover evidence of a methamphetamine lab during the course of providing in-home services should immediately leave the scene **without** confronting the household members and report the incident to law enforcement for response. If children reside in the home, even if they are not present, a report must be made to the child abuse hotline (1-800-962-2873) by either the service or law enforcement. If the service provider calls the hotline, they should advise the hotline counselor that law enforcement has been notified, to ensure that the Child Protective Investigation coordinates with assigned officer as outlined in the section on joint investigation below.

- a. **Initial Notification:** The Regional Teams in each jurisdiction will serve as the first point of contact for the discovering or assigned officer. The duty agent will provide immediate telephonic response to the officer regarding safety issues, preserving and securing the site, and handling occupants or defendants, if applicable. Based on the information the officer provides, the duty agent will make the

determination whether regional team will respond. This decision will generally be based on whether it will be a DEA–led investigation (in which case the team will deploy), or if the case is a state/local-led investigation or a Community Oriented Policing Services (COPS) clean up (in which case the team may not necessarily respond).

b. Regional Teams

I. Region 1 – consists of Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Jackson, Washington and Bay Counties. The discovering or responding officer will call FDLE’s Pensacola office (1-800-226-8574).

II. Region 2 – consists of Calhoun, Gulf, Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison and Taylor Counties. The discovering or responding officer will call FDLE’s Tallahassee office (1-800-342-0820).

III. Region 3 – consists of Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Levy, Baker, Union, Bradford, Alachua, Nassau, Duval, Clay, Putnam, Marion, Citrus, Sumter, St. Johns, and Flagler Counties. The discovering or responding officer will call FDLE’s Jacksonville office (1-800-226-6481).

IV. Region 4 – consists of Hernando, Pasco, Pinellas, Polk, Hillsborough, Manatee, Hardee, Sarasota, De Soto, Charlotte, Glades, Lee, Hendry, and Collier Counties. The discovering or responding officer will call FDLE’s Tampa office (1-800-226-1140) or Ft. Myers (1-800-407-4880).

V. Region 5 – consists of Volusia, Lake, Seminole, Orange, Osceola, and Brevard Counties. The discovering or responding officer will call FDLE’s Orlando office (1-800-226-8521).

VI. Region 6 – consists of Indian River, Highlands, Okeechobee, St. Lucie, Martin, Palm Beach, Broward, Monroe, and Dade Counties. The discovering or responding officer will call FDLE’s Miami office (1-800-226-3023).

c. COPS Qualifying Lab Discovered Without Prior Investigation: If the site is treated as a COPS site, an appropriation number will be obtained by the Regional Team before contacting the waste removal contractor. In addition, the Regional Team will advise the discovering officers/agency that an EPIC Form-143 will be sent to their agency for completion. The EPIC Form-143 will be returned to the Regional Team, where it is checked for accuracy and completeness and

forwarded to EPIC. This system will provide the best accounting of clandestine laboratories in the State of Florida.

Generally, the Regional Team will deploy to the site in these circumstances. The team's responsibility will be limited to providing guidance, coordinating with the waste removal contractor, and ensuring completion of the EPIC Form-143.

- d. **Lab Discovered as part of an Ongoing Investigation:** In coordination with the Regional Team, the agency of jurisdiction will be responsible for gathering evidence and obtaining any necessary warrants.
- I. **Execution of Warrants:** Based upon the size and nature of a clandestine laboratory, a chemist from DEA's Southeast Regional Laboratory (SERL), State of Florida Department of Environmental Protection (DEP), or FDLE can assist prior to the execution of a warrant. The agency of jurisdiction, in conjunction with a Site Safety Officer, will be responsible for local emergency service responses, ensuring site control, and site management. All search warrant entries should be performed by clandestine laboratory certified officers utilizing proper safety equipment.
 - II. **Gathering of Evidence:** After a clandestine laboratory is rendered safe, it must be thoroughly photographed documenting the illegal drug manufacture, possible child abuse, laboratory set-up and precursor chemical containers. If it is discovered during the course of investigation that children reside in the home, evidence documenting hazardous chemicals, weapons, or other evidence of abuse or neglect should also be collected. All evidence collected should be photographed prior to removing or dismantling the lab. The Regional team should do all of the processing. Precursor chemicals (such as ephedrine and Pseudoephedrine in pill or powder form) and end-product (methamphetamine) will be collected in their entirety and submitted by the investigating agency. Any liquid samples containing suspected methamphetamine or precursor chemicals/substances should be collected using appropriate containers and safe handling procedures. For federal prosecutions, it is not necessary to obtain more than one ounce of an individual sample as long as the overall amount of each sample taken on site is documented. These samples must be in approved containers for submission to the SERL. For state prosecutions, follow FDLE's sampling

guidelines. These samples must be in approved containers for submission to the FDLE laboratory.

All other chemicals and site clean up are to be managed in accordance with OSHA and EPA guidelines. At no time will hazardous materials be maintained or transported by the investigating agency or the Regional Team. Only inert evidence can be maintained by the local seizing agency.

III. Other Duties: When the Regional Team has been deployed, it will be the team's responsibility to complete the necessary following notifications:

- Ensure that proper Victim /Witness Assistance notifications are made. Copies are to be maintained in the investigative case file and forwarded to DEA's Victim/Witness Assistance Coordinator.
- Provide appropriate notification to property owners, sent with return receipt required.
- Complete DEA-484 exposure forms for all lab participants and CA-1 for all DEA Special Agents and Task Force Officers at the site.
- The Site Safety Officer will complete a DEA-482.
- Provide notification to the Florida Department of Environmental Protection or the Environmental Protection Agency, as appropriate.
- Generate a call to the child abuse hotline (1-800-962-2873) if evidence is discovered indicating children reside or are present in the home and a report has not already been generated.

IV. Evidence and Prosecution: During the evaluation of a clandestine lab, the appropriate local law enforcement agency and members of the Regional Team will determine if the subjects associated with the clandestine laboratory will be charged federally through the United States Attorney's Office or through the State's Attorneys Office. The Regional Team should utilize the appropriate laboratory for analysis, based on how the prosecution will be handled: SERL for federal prosecution, or FDLE's lab for state prosecution.

- e. **Education and Awareness Program:** Education and training are primary goals in order to effectively deal with the emerging trend.
 - I. **First Responders:** The first priority is for the officer on scene to be able to properly assess the safety of the people, the laboratory and the situation. To meet this requirement MCTFT, in partnership with DEA and FDLE, has produced and distributed training videos designed to teach law enforcement and other first responders how to recognize Methamphetamine lab indicators, users and producers, immediate safety issues, handling of occupants, clandestine lab team notification protocol and preserving and securing the site. This training can be used at roll call for law enforcement agencies and fire rescue stations throughout the state. For more information go to www.mctft.com.
 - II. **State and Federal Prosecutors:** Prosecutors should be briefed on applicable state and federal law for charges, the availability of Regional Team members as expert witnesses, and what evidence will be available for court. This information could be provided at OCDETF and Law Enforcement Coordinating Committee (LECC) conferences.
 - III. **Other Venues:** An outreach program should be established for members of the media, hotel, and motel owners and managers, and the manufacturers/retailers of common precursor chemicals to raise alertness levels.
- f. **Clandestine Laboratory Training Program:** One of the first priorities identified during sessions to develop the Florida Statewide Methamphetamine Strategy in 2003 was the need to train as many federal, state and local narcotics officers as possible in clandestine laboratory certification and site safety to ensure they safely execute a search warrant/arrest warrant at a lab site.
 - I. DEA provides a one-week State and Local Certification School for law enforcement officers and chemists. Advanced Site Safety Officer Schools, Trainer the Trainer awareness programs, and Clandestine Lab Tactical Training are also available. Because this program is nationwide, training opportunities are limited, but DEA Miami will seek maximum training allocation from the DEA Academy in Quantico, Virginia, to help ensure that officers within Florida receive training.

- II. MCTFT also conducts the DEA approved 40-hour Basic Clan Lab Certification and Site Safety Officer classes several times a year as well as an 8-hour Clan Lab Recertification class and a 32-hour Clan Lab Advanced Investigations and Processing class. In addition, MCTFT offers one, two and three day Clan Lab Awareness classes with varying levels of detail and 4-hour training blocks on Trends in Methamphetamine Investigations, Rolling Clan Lab and Precursor Identification. A free on-line class in Clan Lab Awareness is also available at www.mctft.com.
- III. Training priority will be given to officers assigned to Regional Response Teams. Second-tier priority will be given to agencies in areas with immediate need due to a high number of labs in their area of responsibility. Third priority will be to Sheriff's Office narcotics units to allow for wider coverage and mutual aid possibilities. Other state and local agencies will be trained as funding permits to supplement regional teams.
- IV. All clandestine laboratory entries must be handled as high-risk entries due to unstable environmental conditions and unstable targets/defendants. Due to the nature of these warrants, the tactical training should be mandated.
- V. Regional Team members should receive the highest priority for tactical training. DEA's Training Unit will provide semi-annual firearms/tactical training.
- VI. The agencies and departments who provide personnel to a Regional Team that are not assigned to an existing DEA State and Local Task Force must be informed and agree to the semi-annual firearms/tactical training requirement.
- VII. Before investing the time to train and equip an officer in this highly specialized area, a minimum tour commitment should be established by Memorandum of Understanding between DEA and the sponsoring agency/department.

B. Drug Endangered Children response guideline

GUIDELINES FOR INVESTIGATION OF SUSPECTED/WORKING CLANDESTINE DRUG LABORATORY WHERE CHILDREN ARE PRESENT.

Drug endangered children are those children who suffer physical or psychological harm or neglect resulting from exposure to illegal drugs or persons under the influence of illegal drugs. These children are also exposed to dangerous environments where drugs are being manufactured or where chemicals used to make drugs are accessible. These harms may include: injury from explosion, fire or exposure to toxic chemicals found at clandestine lab sites; physical abuse; sexual abuse; medical neglect; and lack of basic care including failure to provide meals, sanitary and safe living conditions or schooling. Drug endangered children are part of a very large population of children whose lives have been seriously and negatively impacted by dangerous drugs.

The Florida Alliance for Drug Endangered Children advocates intervention on behalf of these children and urges communities to build collaborative, effective teams to provide coordinated services and support for these child victims. These teams include first responders, child protective services, law enforcement, medical and mental health professionals, prosecutors and county attorneys, child advocates, substance abuse treatment providers, and other community leaders, as well as the general public.

A coordinated multidisciplinary response to children found at clandestine Methamphetamine lab sites will help ensure that all the needs of each child are met and that evidence is gathered to support the management and prosecution of each case. Personnel who respond to seizures of illegal drug laboratories and conduct investigations may be from any of the law enforcement, social services, prosecution, environmental health, mental health, and medical communities. These personnel usually respond according to their own agency's protocols and, in most instances where multidisciplinary teams have not been established, operate independently. When jurisdictions do not coordinate their responses to these complicated scenes, personnel often overlook children's needs or assume another agency will address these needs, fail to remove children from conditions of endangerment, or fail to gather adequate evidence to substantiate appropriate endangerment and other legal charges. Coordinated multidisciplinary investigations enhance information gathering, evidence integrity, interventions, and comprehensive treatment services for children and their families.

The following Guideline is suggested for assisting law enforcement, child welfare and medical personnel who are involved in the investigation of reports where children are found at the scene, or known to have been present at the scene of a clandestine drug lab or suspected of being exposed to a controlled/dangerous substance. These procedures are informational and are not intended to supersede any applicable statutes, rules, laws, or policies or regulations of any governmental agency.

1. Joint Investigation

It is recommended that Drug Endangered Children (DEC) investigations be worked jointly by the Department of Children and Families (DCF), the appropriate law enforcement agency having criminal jurisdiction, and the appropriate emergency medical agency (EMS and Fire Department), and follow-up treatment agencies. All agencies will

share information, and respond in a coordinated, collaborative effort throughout the investigative process.

a. Known/Suspected Clandestine Drug Lab

- I. When DCF receives the initial DEC report**, from the Abuse Registry/Hotline regarding abuse, neglect or threat of harm, and there is methamphetamine involvement alleged (or some other illegal drug), then a DEC report should be made to the appropriate law enforcement agency that conveys all known information. Information should include all prior DCF reports on members of the household. Law enforcement should request a call history of the current address and any available criminal intelligence, and share all information with the responding DCF investigator.
- II. When law enforcement receives the initial DEC report**, they will notify the Abuse Registry/Hotline (800-962-2873) and request an immediate DCF response. Law enforcement should request a call-history of the current address, coordinate with their Narcotics Unit (if available) for any prior narcotics intelligence, and share all pertinent information with the DCF investigator. The DCF investigator should provide law enforcement with all current and previous DCF report information on members of the household. (When deemed appropriate, law enforcement should make initial contact at the residence, ensuring safety and security of the law enforcement operation.)
- III.** If possible and prior to making initial contact, the law enforcement and DCF representatives should develop an investigative plan based on all available information. Once it is determined a DEC situation exists, the law enforcement or DCF representative will notify and coordinate with appropriate medical personnel (EMS and Fire Department). When appropriate and without compromising the criminal investigation, EMS and Fire Department personnel should be directed to a “staging location” ready to immediately respond to the Methamphetamine lab.

b. Unknown Clandestine Drug Lab – Discovered on Unrelated Complaint, or during the course of In-home Service Provision.

- I. DCF Discovery** – If children are present, take children to a safe environment outside the home. Notify law enforcement immediately and do not re-enter the home.

II. Service Provider Discovery – If a Methamphetamine lab is discovered or suspected during the course of service provision: immediately leave the home; **DO NOT** confront household members or acknowledge the lab; and immediately notify law enforcement. If children reside or are present in the home, either the service provider or law enforcement must also generate a call to the child abuse hotline.

III. Law Enforcement Discovery – Immediately remove all individuals from the home and secure the crime scene. Contact the appropriate narcotics unit, medical personnel, and the DCF Abuse Hotline (1-800-962-2873), requesting an immediate response from DCF Investigations.

c. Immediate procedures at the scene of clandestine drug labs or when precursors (chemicals/paraphernalia) are present

It is recommended that when children are found at the scene, or are known to have been present at the scene of a suspected or working clandestine drug lab, that the following steps be taken for their safety and protection, as well as the safety and protection of responding investigative/medical personnel:

I. All investigative/medical personnel responding/working at the scene of a clandestine drug lab **should follow their agency safety procedures** when dealing with or coming in contact with **HAZMAT**.

II. All persons inside the home should be **immediately** removed. Law enforcement should take the lead in removing occupants from the home, ensuring their personal safety while preserving the integrity of the crime scene.

III. Ensure appropriate medical personnel (EMS and Fire Department) respond to the scene.

IV. Law enforcement should immediately notify their Narcotics Unit. If the responding law enforcement agency does not have an internal Narcotics Unit, then notify the appropriate law enforcement agency for assistance.

V. Upon arrival of the Narcotics Unit, the crime scene should then be turned over to the “Lab Safety Team”.

d. Law Enforcement/DCF Investigation (On-Scene)

- I.** Children located at the scene, or known to have been present at the scene of a clandestine drug lab, should be placed in protective custody by DCF.
- II.** To minimize contamination, no personal items should be removed from the scene. Children should be screened immediately to determine medical stability. A child who exhibits acute symptoms (i.e. respiratory difficulty, neurologic abnormalities, severe burns) should be transported immediately to the nearest appropriate medical facility capable of handling pediatric emergencies. A blanket or other personal protective equipment should be used to minimize contamination. Full decontamination procedures should be instituted once the child is deemed medically stable. If possible and practicable in asymptomatic children, clothing should be removed, and care should be taken during clothing removal to minimize any possible trauma to the children. Soap and water should be used to cleanse the child from head to toe. A private area, such as the use of a privacy tent or similar apparatus should be utilized during this process. DCF and Fire Department personnel should coordinate their activities for decontaminating children on-scene. Whenever possible, a witness should be present during this process. All personnel should wear appropriate protective gear during the handling of children.
- III.** Interview the children, if age appropriate, regarding their home situation and any information they may have regarding the Methamphetamine lab. All children must be screened for other forms of child maltreatment including sexual abuse, exposure to pornography and weapons, physical abuse, etc. Provide relevant information to the LE agency on the scene. If determined by DCF that a forensic interview would be beneficial, it should be scheduled as soon as possible. DCF will help the child understand why he is being separated from his parents and ensure ongoing services will be provided to the child and his parents. Forensic interviews should be conducted on all verbal children who have knowledge regarding the Meth lab operation and drug usage in the home. Children interviews should be conducted at a Child Protection Team (CPT), Children's Advocacy Center (CAC) or similar type facility. Forensic Interviews should be coordinated with the CPT, LE and DCF investigators to minimize the number of interviews a child

receives (An interview guideline for children exposed to the manufacture of Methamphetamine is attached.)

- IV. The child should be evaluated at the nearest appropriate medical facility where a medical history may be obtained and a urine drug screen collected following chain of evidence protocols. Schedule follow-up appointments with the child's primary care provider after removal from the scene. Current guidelines suggest long-term follow-up occur at 1 month, 6 months and 1 year from removal. Ensure that appropriate information is provided to the caregivers regarding the possible affects of Meth on children. (A Caregiver Fact Sheet is attached.)
 - V. Interview the parents regarding relatives and social history at the time the children are removed. DCF will need to obtain information for the removal packet, Health Insurance Portability and Accountability Act (HIPAA) and Temporary Assistance for Needy Families (TANF). Any other interviews with the parents should be with the approval and coordination of the law enforcement agency.
 - VI. Ensure that photographs, evidence sheets and law enforcement reports are obtained in order to ensure that dependency action can be documented clearly for judicial purposes.
- e. **Law Enforcement Investigation (On-Scene)**
- I. Photographs should be taken if children are present, or if evidence exists that children reside at the location. Photographs should include:
 - Location of the incident
 - Photograph of the children at the scene, documenting injuries, and other signs of neglect.
 - Interior living conditions of the home
 - Children's ability to access drugs, chemicals, drug paraphernalia and by- products (measurements of furniture height should be taken into consideration based on the age and developmental stages of the children).
 - Play area/yard where the children are exposed
 - Proximity of hazards to children's play and sleep areas
 - Non-drug hazards and other indications of neglect
 - Access to pornography or weapons
 - Unsanitary conditions

- Children's bedroom or sleeping area, to include attempts to reduce exposure to chemical residue
- Bathroom conditions
- Food supply in kitchen cabinets, pantry, refrigerator or freezer
- Proximity of food to chemicals, drugs and paraphernalia
- Drug lab components, associated chemicals, paraphernalia, fire and chemical hazards and locations discovered
- All samples collected by certified law enforcement personnel
- Physical condition of the children and all other occupants of the residence
- Any previous or current fires caused as a result of the clandestine production of drugs within the residence
- Any and all injection sites or other methods of ingestion of the drug
- Any hazardous conditions in the home that constitute a danger to children

II. Law Enforcement Personnel will be responsible for the collection and preservation of all evidence according to DEA and FDLE evidence collection protocol.

III. Law Enforcement will document and attempt to identify all chemicals located at the residence and provide the information to DCF and medical personnel. If large quantities of chemicals are present in the form of 55-gallon drums or 5-gallon buckets, notify the Department of Environmental Protection (DEP), Division of Law Enforcement via the state warning point (1-800-320-0519). An on-call agent supervisor will contact the reporting officer or agent to discuss the potential environmental impact.

IV. Law Enforcement will conduct criminal interviews with individuals present (suspects, witnesses and children):

- Interviews with the children should be jointly attended (with DCF representative) whenever possible in order to minimize the number of interviews.
- Interviews with children should be conducted at a Child Protection Team (CPT), Children's Advocacy Center (CAC) or similar type facility. (Refer to attached interview guidelines.)

- Video taped interviews of the children should be conducted whenever possible, utilizing age appropriate methods.
- Interviews with parents and witnesses should include targeted questions which address their knowledge of the dangers to children, admissions that children were near lab hazards, or disregard for the danger posed to children, the kinds of chemicals used in production, number of times manufactured, and frequency of occurrences in the presence of the children.

V. Reports/Documentation:

- All occupants in the home (full-time and part-time residents) should be identified and included in the report.
- Agency reports regarding Methamphetamine exposure (manufacture, sale and/or possession) should be documented, i.e., Exposure Hazard Reports, etc.
- A listing of all chemicals discovered at the site should be immediately reported and provided to DCF for their dependency action and to medical providers for the diagnosis, treatment and follow-up care of drug-exposed children.
- Upon discovery and verification of a Methamphetamine lab at a residence, it is strongly recommended that law enforcement notify the following agencies:
 - Health Department (community safety)
 - Property Owner (responsible for HAZMAT clean-up)
 - Property Appraisal Office (require disclosure to future residents)

VI. The “Lab Safety Team” will be responsible for the coordination of the removal of the chemicals and by-products at the residence.

f. Medical Assessment/Treatment (also applies to children who have been exposed to Methamphetamines in circumstances other than a Methamphetamine lab, such care taker using or distributing Methamphetamine but not manufacturing it)

I. Initial Medical Assessment (On scene by Emergency Medical Service):

- Conduct assessment to determine whether the child needs **emergency medical care.**

- For obvious injury or illness, call **911** for emergency assistance.
- If EMS or Paramedic on-scene, perform field medical assessment -Airway, Breathing, Circulation vital signs (pulse, blood pressure, respirations, temperature).
- Transport to nearest facility capable of treating pediatric emergencies, for life-threatening findings. Cover the child in blankets or other PPE to minimize contamination until full decontamination protocols can be instituted once the child is medically stable.
- Leave child's personal possessions at scene. Do not transport clothing/possessions from scene to avoid contaminating other settings. If responding EMS or paramedics deem the child asymptomatic on site, then the child should be decontaminated at the scene or via local procedures by following routine decontamination protocols.

II. Immediate Care Guideline (Hospital emergency room or pediatric facility) Immediate care should be provided as soon as possible after the child is identified at the lab site. Child should be transported to nearest facility capable of treating pediatric emergencies for immediate care.

- Conduct initial assessment.
- Request listing of chemicals identified at the site.
- Administer tests and procedures as clinically indicated by findings. No laboratory evaluations are routinely required other than the Urine Drug Screen.
- Obtain a urine specimen (clean catch or bag) for toxicology screen for methamphetamines and other drugs of abuse as soon as possible. Request lab identify ANY DETECTABLE LEVEL of drug and with confirmatory testing. Use appropriate chain of evidence procedures.
- Call Poison Control if clinically indicated. **1-800-222-1222.**
- Complete baseline assessment if appropriate or refer to pediatric facility for follow-up assessment.

III. Baseline Assessment Guideline (Pediatric provider, Health Department, CPT) To be completed within 24 to 72 hours after child removed from lab site at pediatric facility or with pediatric medical provider to ascertain child's general health and developmental status. The DCF Child Protective Investigator or Families First Counselor should refer child for evaluation with the child's healthcare provider, the Health

Department or Child Protection Team as indicated (Refer to the CPT policy statement for drug-endangered children).

- Obtain medical history from parents if available; otherwise obtain medical records for review and continuity of care. Screen child for all forms of child maltreatment including physical and sexual abuse, exposure to weapons and pornography, and emotional abuse.
- Request listing of chemicals documented at lab site.
- Perform complete pediatric physical examination – Child Health Check Up (formerly known as ESPDT). Pay attention to neurological screen, developmental evaluation and respiratory examination.
- Call Poison Control if clinically indicated **(1-800-222-1222)**.
- Refer infants and pregnant women for Healthy Start care coordination. To locate your local Healthy Start care coordination, consult <http://www.healthystartflorida.com/directory/directoryList.asp>.

IV. Required clinical evaluations:

- Routine vital signs including temperature.
- Collect urine specimen for drugs of abuse screen, if not collected earlier. Request levels run at any detectable level and not standard NIDA test. Clean catch or bag specimen. Maintain chain of evidence procedures for forensic purposes. Report date and time of collection and the test results to the appropriate local agencies for criminal and dependency action and for research purposes as determined by the regional or local agencies/authorities.
- Complete physical examination including documentation of neurologic and developmental status.
- Document immunization record.

V. Optional Clinical Evaluations:

- Complete metabolic panel or other hematologic tests.
- Pulmonary function tests/chest radiographs/EKG.
- Oxygen saturation
- Heavy metal screens (Lead, Arsenic, Mercury)

VI. Developmental Screening (may be referred to specialist if medical provider determines developmental delay)

VII. Mental health screen and crisis intervention services as indicated

- VIII.** Refer to Child Protection Team for medical, social and/or forensic evaluation for child abuse and/or neglect, if indicated (refer to CPT policy statement on Drug Exposed Children).
- IX.** Follow-up with appropriate care for any positive findings.
- X.** Routine follow-up care is recommended at 1 month, 6 months and 12 – 18 months from the removal date of a drug-exposed child. The child’s primary care provider should perform this. The child should be referred to medical specialists if warranted.
- XI.** Long-term Follow-up Care
- Long-term follow-up care will be provided as indicated to
1) monitor physical, emotional, and developmental health,
2) identify possible late developing problems related to the methamphetamine environment, and 3) provide appropriate intervention. Children considered to be Drug Endangered Children (DEC) cases should receive follow-up services a minimum of 18 months post identification.
 - Refer children under age 3 who are found in clandestine drug labs to the local Healthy Start program for Healthy Start services. Information on the local Healthy Start providers may be found at
<http://www.healthystartflorida.com/directory/directoryList.asp>

Note: It is strongly recommended that a system be established to collect and analyze medical data for child victims of Methamphetamine Labs. Recommend follow-up care data (within 30 days of discovery) and long-term follow-up care data (12-18 months after discovery) be collected, analyzed and reported.

g. Fire Department (On-Scene)

- I.** Fire Department, Emergency Medical Response, and Special Operations Team: To provide decontamination support to children removed from Methamphetamine Lab environments. To transport the children to the closest proper medical facility for definitive treatment and further testing as needed. To provide support to law enforcement agencies and DCF representatives at the site in any way possible based on the capabilities of units, equipment, and personnel currently on the scene of the incident.
- II.** Fire Department and EMS reports, including identification of responding personnel should be made available by appropriate

request (via subpoena if required), and forwarded to the requesting agency.

h. Safety Procedures

I. We are facing an unprecedented epidemic of clandestine Methamphetamine Labs in the U.S. Seizures of Methamphetamine Labs continue to rise putting police and first responders at risks for a variety of hazards. First responders and children residing in the home are at risk for exposures to the chemical hazards and the fire, explosion, and safety hazards inherent with clandestine manufacture of Methamphetamine. Responding investigative and medical personnel should follow their agency safety procedures and corresponding OSHA requirements.

i. Team Coordination/Review

I. On-Scene Team Coordination - There are several agencies and organizations that participate in the DEC protocol. First responders to an investigation scene include law enforcement, DCF Investigators, EMS personnel, Fire Departments, and HAZMAT teams. It is essential all agencies work together, share information and respond in a coordinated, collaborative effort. In general, law enforcement should take the lead role at the scene. Law enforcement should be responsible for securing the scene and conducting the criminal investigation. Whenever children are found at the scene or are suspected of exposure to toxic chemicals, DCF should be notified and children should be taken into protective custody. EMS should perform field medical assessment and if required, transport to nearest medical facility. HAZMAT teams should be responsible for removal of toxic waste.

II. Multidisciplinary Review Team (MDRT) Meeting - Whenever children are found at the scene of a Meth Lab and law enforcement make an arrest for child abuse/neglect, the cases will be reviewed at the MDRT. MDRT meetings will be set by either the Child Protection Team or the CAC Team Facilitator and attended by the Assistant State Attorney. Child abuse investigations will be considered for criminal prosecution, issues of dependency, mental health referrals and treatment, victim advocacy and medical issues.

2. Prosecuting a DEC Case

In drug related crime scenes, children must be viewed as victims and charges may be brought, in addition to the underlying drug charges, for crimes such as child abuse and/or neglect, abandonment, contributing to the delinquency of a minor, child endangerment, trafficking in methamphetamine in the presents of a child, sexual abuse, DUI, etc. Penalty enhancements should also be considered. A statutory summary of Florida's related laws can be found at www.floridadec.org. To provide an evidentiary basis for DEC-specific charges, the following items collected during the investigation should be requested by the prosecutor:

- Descriptive police reports (age, size, height, smell, distance, etc.)
- Measurements (of the child's reach, access to meth production areas, etc.)
- Photographic documentation
- Recorded statements of the child's interview
- Video of the crime scene
- Urine or blood samples from the caretaker
- Urine or blood samples from the children
- Fingerprints

Risk of Injury, of Great Bodily harm, or Permanent Disfigurement should be documented including:

- Risk of explosion or fire
- Children's access to volatile or toxic chemicals
- Dangerous chemical combinations or improper storage of chemicals
- Poor or no ventilation
- Acute, or chronic, or developmental effects of exposure
- Access to the drug lab
- Access to hazardous waste
- Presence of chemicals in the child's body or on the child's things
- Lack of safety equipment (disabled smoke alarms, rewiring, etc.)

DEC Arguments and Theories of Endangerment/Neglect/Abuse arise from the following evidence:

- Dealing out of a house when children are present
- Showing up at a "drug deal" with children in the vehicle
- Holding a child when dealing narcotics
- Storing narcotics in the stroller or child's things
- Smoking meth when children are present
- Food or drink contaminated with drugs/chemicals
- Access to weapons, drugs, residue, etc.
- Children provided with drugs
- Children testing positive for drugs when in custody of CPS

- Children helping to sell or manufacture drugs or act as lookouts
- Presence of drug users, dealers, cooks, Parolees
- Presences of pipes, razor blades, residue, hypodermic needles, weapons, booby traps, pornography
- Lack of essential food, inappropriate sleeping conditions, medical/dental treatment
- Lack of supervision, grooming, nurturing
- Access to pornography
- Lack of encouragement, support, discipline or guidance
- Impact of life-long health problems, potential for drug and alcohol abuse, school dropouts, financial dependency, etc.

a. Preparing for Trial

I. Expert Witnesses: Expert witnesses can assist greatly in providing the judge and jury with professional assessments of the effects of Methamphetamine exposure on children. For example:

- The narcotics agent can testify to drug culture and dangers associated therewith
- A chemist can testify to levels of contamination found in and on materials surrounding the child in the home
- Medical experts can testify to the child's condition, prove meth in the child's system, and the child's mental and physical condition
- Child Protective/Social Workers can testify to living conditions, the child's mental state, and the parents' willingness or ability to care for the child
- Law enforcement/First Responders can testify to the volatile conditions of the home

II. The Child Witness: All too often, children have been shuffled to relatives or CPS and forgotten during the prosecution of DEC cases. The child is a wealth of information and can answer many questions about their treatment and the lab, whether or not the child is called to the stand to testify. Despite the difficulties involved in interviewing child victims and preparing them to testify, in some cases, they can be the best witness to the crime of child abuse and manufacture of a controlled substance. Some children can even provide detailed testimony about how Methamphetamine is cooked.

III. Sentencing Considerations: Sentencing is the time to ask for special conditions to address the best interest of the child, such as:

- Longer probationary periods
- Enhanced penalties for drug crimes committed in a child's presence
- Order to follow direction of CPS
- Parenting classes
- Child abuser's treatment counseling
- Specific substance abuse treatment programs (drug courts)
- Restrictions of possessing precursor chemicals

- No contact orders
- Compliance with all terms of family reunification care plans or other dependency/family court orders also should be included in probation terms

A guardian ad litem can be appointed by the court to assist in determining the best interest of the child. It should be noted that another segment of our population that can suffer at the hands of Methamphetamine cooks and Methamphetamine addicts are the elderly. If this type of abuse is discovered, Adult Protective Services should be consulted immediately.

IV. Children's Legal Services: The Children's Legal Services Division of the Office of the Attorney General is charged with the responsibility of litigating child abuse, abandonment and neglect cases for the Department of Children and Family Services in Broward, Hillsborough and Manatee County. In their role as legal counsel to the Department of Children and Family Services, this section renders legal advice to the Department of Children and Families in Broward, Hillsborough and Manatee County, Broward County Sheriff's Office, Manatee County Sheriff's Office and the private child welfare agencies such as Hillsborough KIDS, Inc., ChildNet, Children's Home Society, and Kids In Distress. The attorneys in the Children's Legal Services division are also responsible for litigating termination of parental rights petitions to establish permanency for children who have been long-time sufferers of abuse, abandonment or neglect. Currently, this section collectively handles approximately 5100 cases. For more information on Children's Legal Services, please contact the Attorney General's field offices in Fort Lauderdale (954) 713-3073, Bradenton (941) 741-3260, or Tampa (813) 272-0407.

V. Drug Endangered Children May be Victims of Crime: A drug-endangered child may be a "victim of a crime" and therefore eligible to have certain services reimbursed through the Victims of Crime compensation program. For further information, you may consult your local victims of crime program, or one of the following websites:

<http://myfloridalegal.com/victims>

<http://www.ovc.gov/help/links.htm>

VI. Drug Endangered Children Training Program: In concert with MCTFT and the Florida Alliance for Drug Endangered Children (DEC), training is now available for law enforcement, child protection team members, prosecutors, medical personnel and other professionals who care for the needs of children discovered in clan lab environments. To request training in your area, contact the Florida Attorney General's office.

C. Clean up and Remediation

1. Buildings and structures:

a. Interior – (**Pending various legislative proposals**)

b. Exterior –

I. The Florida Department of Environmental Protection (DEP)-

The exterior of the structure containing a meth lab should be inspected for evidence of contamination. Liquid and solid waste materials are often dumped into the toilet, bathtub, or floor drain; dumped outside the structure, buried, or burned. Where waste materials are dumped, soil and ground water contamination threats exist.

In rural areas, septic tanks and drinking water wells can become contaminated. The extent and magnitude of the contamination problem is often determined by the size of the cooking operation and/or how long cooking has taken place. The larger or longer an operation has been running the more waste is produced. For every pound of meth that is produced, 5 to 6 pounds of hazardous waste is generated.

Burial of waste is not very common but does occur. Burn pits or burn barrels are fairly common and are used to reduce the volume of liquid waste and solids generated during the cooking process. Additionally, chemical containers are often stockpiled on the property and proven to be a source of contamination. As frequently, the chemical containers are also discarded in wooded areas, creeks, fields etc... that can impact the environment. The Florida Department of Environmental Protection is the lead state environmental agency for determining the exterior environmental impact.