

Illinois Department of Children and Family Services
Statewide Medical Care Protocol for Drug Endangered Children¹
In Illegal Methamphetamine Labs
October 2005

Background

The illegal production, sale, and use of methamphetamine have been prevalent in the U.S. and other countries for decades. More recently methamphetamine has begun to be produced in home based “mom and pop” style labs by individual users for their personal consumption. This phenomenon became evident in Illinois during the late 1990’s in rural areas in western and southern Illinois. By 2002, data from the Illinois State Police and others show that methamphetamine production and use had spread throughout most of Illinois, with the highest rates of production, use, and arrests remaining in the state’s 74 predominately rural counties². The number of reported methamphetamine lab seizures increased from 24 in 1997 to 666 in 2001. By 2004 that number had increased to 959 statewide.

A number of factors make this latest wave of methamphetamine different than other drug epidemics that have impacted Illinois children, families, and communities. As mentioned above methamphetamine production and use in Illinois has been largely confined to rural areas where population and resources are often fewer than other areas of the state. Even though some labs have been seized in Chicago and suburban areas, as of 2005 methamphetamine production and use remains primarily a downstate and rural phenomenon. The procedures and requirements in this protocol reflect that focus. As methamphetamine begins to have an increasing impact in the Chicago area, procedures in this and other protocols will need to be revised, expanded, and updated to reflect the needs and realities of the major metropolitan criminal justice, child welfare, and health care systems.

¹ Adapted from *Drug Endangered Children Health and Safety Manual*; California DEC Resource Center; May, 2000.

² Illinois Criminal Justice Information Authority. Research Bulletin vol.1, #2; “Methamphetamine in Illinois: Examination of an Emerging Drug”; January, 2003

Also, unlike other drugs of abuse, the manufacturers and users of the drug are often the same people. The trend in Illinois has been for users to produce relatively small quantities of the drug in their homes for use by themselves and possibly a small circle of other users. Unfortunately the advent of home based production has led to an increased risk that the children of methamphetamine users will be exposed to the toxic production process and the drug itself, in addition to criminal behavior and violence.

The Department currently has in place procedures for investigating allegations of child abuse and neglect and for ensuring the safety of children. The Department's HealthWorks system is also in place to meet the medical and health care needs of children for whom the Department has legal responsibility. The requirements for serving substance affected families are also documented in Department Policy Guides and best practice guides.

In cases involving children living in homes where illegal drugs are manufactured in illegal, clandestine laboratories, there are multiple levels of risk requiring a response over and above the requirements of existing DCFS rule and procedure. This protocol addresses the medical needs of children living in homes where methamphetamine and/or other illegal drugs are being manufactured. It should be used in conjunction with the statewide Operational Agreement between DCFS and Illinois law enforcement agencies for responding to families involved in drug manufacturing when children are expected to be present or found in the home. DCFS regional or field offices may have also developed protocols with local law enforcement offices for joint responses to cases involving drug endangered children. Those agreements should also be used in conjunction with this medical protocol.

In cases where the Department has legal responsibility for a child, medical testing and ongoing care is accessed through the existing HealthWorks system (except in cases where the closest hospital emergency room or other urgent care facility is not a HealthWorks Initial Health Screening site). For children where the Department does not have legal responsibility, the child protection service worker or permanency worker will

work with the child's caregiver to ensure that the necessary medical exams, tests and follow up care are performed.

This protocol is in addition to and is not a replacement for existing Department procedures. It contains additional procedures and requirements necessary to meet the immediate, short, and long term needs of children found to be living in homes where methamphetamine is being manufactured. The protocol describes the additional tests and medical care required over and above that normally provided at the HealthWorks Initial Health Screenings, Comprehensive Health Evaluations, and follow-up medical visits.

Introduction

These drug endangered children medical protocols have been developed to provide guidelines for the optimal care of children exposed to methamphetamine laboratory environments. The protocols set general standards with the understanding that every local jurisdiction will necessarily make specific adjustments according to local resources.

The protocols were written with immediate as well as long term health concerns in mind. They emphasize physical, developmental, and emotional well being.

The medical protocol follows a timeline that is initiated at the time of a laboratory seizure and continues through a twelve month period. Four separate but linked protocols covering the twelve month time span make up the overall medical protocol for drug endangered children.

- 1. Field Medical Assessment**
- 2. Initial Medical Assessment/Initial Health Screening**
- 3. Follow-up Care Protocol**
- 4. Ongoing Primary Health Care Protocol**

The protocol also includes as attachments a number of guides and checklists to assist in assessing and providing medical care to children found at methamphetamine labs.

These include:

- a. Exposure record
- b. Decontamination checklist
- c. Physician's guide
- d. Caregiver's guide

The field medical assessment focuses on the event of the seizure with the goal of determining whether the child needs immediate emergency care. The field assessment is performed at the lab seizure site.

When the field assessment determines that immediate emergency care is not indicated the initial medical assessment protocol is followed. The purpose of the initial protocol is to identify and treat any acute and chronic health problems a child may be suffering as a result of exposure to drugs or chemicals, or an abusive or neglectful environment. It also establishes important baseline medical information to serve as a comparison point in the event of delayed responses to chronic exposures that may not manifest at the outset. The initial medical assessment is performed in hospital emergency rooms or other urgent care facilities able to perform the required medical tests and procedures. For children taken into DCFS custody, this assessment is done as part of the Initial Health Screening.

Follow-up care is planned within 21 days of the initial visit to assess ongoing medical issues, developmental status, and evaluate mental health needs as well as to further develop the child's overall care plan. For children taken into DCFS custody, the requirements of the follow-up care protocol can be met through the HealthWorks Comprehensive Health Evaluation (CHE) and other existing DCFS processes for developmental and mental health screens.

The ongoing care protocol is intended to monitor physical, developmental and emotional health and to assess any late developing problems related to methamphetamine lab exposure.

The overarching priority for these protocols is to intervene on behalf of children who have been exposed to methamphetamine and its precursor chemicals as a result of residing in a home-based clandestine drug laboratory. Exposure to this physical and social environment, often associated with family violence, emotional abuse, neglect, criminal behavior, dysfunctional care giving, and toxic chemicals pose multiple dangers to children including:

1. Injury or death from fire or explosions resulting from flammable materials used in home-based labs.
2. Risk of poisoning and intoxication from accidental ingestion or absorption of precursor chemicals, by-products, and finished drug products.
3. Risk of acute health problems including upper respiratory symptoms, headaches, nausea, dermatologic problems, or chemical burns.
4. Risk of long term adverse health outcomes, including asthma, neurologic problems, or cancers.
5. Developmental, emotional, mental health, and behavioral problems.
6. Lack of proper caregiving, nutrition, or adequate medical care.

Note: The various exams and tests recommended in these protocols are covered services by the Illinois Department of Healthcare and Family Services (HFS) (formerly the Illinois Department of Public Aid) for Medicaid eligible individuals, including DCFS wards. Child Protection Services Workers and Permanency Workers must inform the medical facility that the medical exams and tests are being requested due to a child being discovered living at the site of an illegal methamphetamine lab. Medical providers must be instructed to specify this information in their billing documentation submitted to the Department of Healthcare and Family Services.

1. Field Medical Assessment

The purpose of the field medical assessment for drug endangered children is to provide a health care focus for children identified at the scene of a methamphetamine laboratory seizure. Experience from California and other states has shown that most children discovered at methamphetamine lab sites will not be in need of emergency medical services unless there has been an explosion, fire, or violent act associated with discovery of the lab. More often, children show signs of chronic abuse or neglect by substance abusing caretakers. They may also have chronic health and developmental problems as a result of long term, low level exposure to methamphetamine, precursor chemicals, and the general environment of the home.

Occasionally, a child may be seriously ill from inhalation of fumes, poisoning, drug overdose, or physical trauma. The field medical assessment helps to identify those children who need emergency medical attention. Symptoms of poisoning or overdose however, can be very subtle to detect in children, especially infants and toddlers. Diagnoses of these symptoms are difficult to make with untrained eyes. Even the subtle presence of these symptoms constitutes a medical emergency and must not be overlooked.

A three hour time limit has been established for the performance of the field medical assessment. Since drug endangered children cases will often be identified during an unplanned lab seizure, this time window allows for the children to be transported to a qualified medical facility.

The steps of the field medical assessment are listed below. The field medical assessment is done to determine whether children discovered at the scene of a methamphetamine laboratory seizure are in need of emergency medical care.

In cases where protective custody of the child is taken, the Child Protection Services Worker (CPSW) will assume responsibility for providing or arranging for transportation of the child(ren).

Field Medical Assessment Protocol (Protocol 1)

1. The Child Protection Services Worker (CPSW) will consult with first responders on the scene (law enforcement, fire, EMS) to assure the physical safety of any children at the site. If the site is not safe (potential for fires, explosions, or violence), the children may need to be transported to a medical facility prior to completing the field medical assessment. The CPSW and first responders will jointly determine site safety.
2. All children found at the lab site need to be assessed for contamination by the law enforcement certified site safety officer prior to being transported by the CPSW. If a certified site safety officer is not available at the lab site EMS personnel (local fire department and/or ambulance service) should be contacted to assess the need for decontamination. The CPSW should use the attached "Decontamination Checklist" as a guide to assist in determining the need for on-site decontamination. In most cases, when there are not obvious symptoms of contamination, such as those indicated on the checklist, children will not need to be decontaminated at the site. The CPSW should use a disposable barrier between the child and the vehicle before transporting the child. Blankets, disposable scrubs, and/or plastic bags will all establish a barrier between the child and the vehicle. The child's shoes should also be covered or removed.
3. For all children with obvious illness, injury, or life threatening conditions the CPSW must call 911 or other emergency number if the police, fire, or other first responders on the scene have not yet done so.

When children are unconscious, seriously injured, have a very high fever, are inexplicably crying or uncontrollable or alternately, are unable to be roused or are otherwise in serious condition emergency services (911) will be contacted without delay.

4. For children not in need of emergency care the CPSW will ensure that children are transported to the closest hospital emergency room or other urgent care facility able to perform the required medical tests and procedures.
 - a. In cases where protective custody is taken the CPSW will provide or arrange transportation to the closest hospital emergency room or other urgent care facility able to perform the required medical tests and procedures.
 - b. In cases where protective custody of the child is not taken by the Child Protection Services Worker, the child's caregiver should be given instructions to transport the child to the closest hospital emergency room or other urgent care facility able to perform the required medical tests and procedures for the initial medical assessment.
 - i. The CPSW will provide the caregiver with the attached "Caregiver's Guide" and "Physician's Guide" for care of children exposed to methamphetamine laboratories.
 - ii. The CPSW will request copies of all exam, test, and lab reports from the caregiver.
5. The CPSW will request the first responders to complete the attached "Exposure Record" to document the volatile organic compounds, pulmonary irritants, skin irritants, and other hazards present at the lab site and their proximity to the children.

The completed "Exposure Record" form will accompany the child to the emergency room or other urgent care facility and will become a part of the child's medical record and child investigative case file. For children taken into DCFS custody, the CPSW is responsible for providing a copy to the child's Permanency Worker as well as to the HealthWorks Lead Agency for the county

where the child is placed. For children not taken into DCFS custody, the CPSW is responsible for providing a copy to the child's caregiver.

Note: A child's personal possessions should always be left at the lab scene to avoid possible chemical/drug contamination in other settings. Only in cases of gross chemical/drug contamination is it necessary to remove a child's clothing and provide clean attire prior to removing the child from the scene. (Soiled clothing remains at the scene and is bagged as evidence.) Law enforcement, EMS personnel, or other first responders at the scene will assist in making this determination.

2. Initial Medical Assessment/Initial Health Screening

The initial medical assessment is conducted to identify and treat the child for any emergency medical conditions and to examine and treat the child for acute and chronic illness or injury resulting from chemical exposure or abuse and neglect. It should include a complete assessment of both physical and mental health status.

The initial assessment is completed at a hospital emergency room or other urgent care facility able to perform the required medical tests and procedures. For children taken into DCFS custody, this assessment is done as part of the Initial Health Screening. All children should be considered emergency cases until the presence of critical conditions are evaluated and ruled out.

The assessment is performed within 4 hours of the Child Protection Services Worker arriving at the illegal lab site.

Due to incomplete scientific knowledge of the health effects of methamphetamine lab exposure on children, the initial assessment is completed on a systems approach. Exams and tests will focus on the identification of indicators of harm to each organ system. Concentration is placed on those systems known to be vulnerable to chemical exposure. These include the neurologic, hematologic, biliary, urinary, and respiratory systems, as well as dermatologic.

- a. In cases where the Child Protection Services Worker takes protective custody of the child, the CPSW shall transport the child to the closest hospital emergency room or other urgent care facility able to perform the required medical tests and procedures.
 - i. The Child Protection Services Worker will inform the HealthWorks provider that the child was identified at a methamphetamine lab and whether the child received a field decontamination. The CPSW will show the completed Exposure Record form to the provider. If known, the CPSW will

also inform the medical provider of the method of manufacture used at the methamphetamine lab and the chemicals the child may have been exposed to at the lab site.

- ii. The CPSW will make available to the HealthWorks provider the attached "Physician's Guide" for medical care of children exposed to methamphetamine laboratories and request that the initial medical assessment protocol be performed in addition to the standard Initial Health Screening requirements.
 - iii. The CPSW will also relay any known details of how and when a child's injuries may have occurred. In addition to the CPSW's own observations this information can be obtained from any law enforcement or emergency medical services personnel present at the lab site. The CPSW will gather this information from personnel at the lab site and relay it to the medical facility staff.
 - iv. At the time of placement, the CPSW will inform the substitute caregiver that the child(ren) was taken from an illegal methamphetamine lab. The CPSW will inform the substitute caregiver of the medical needs of the child(ren), provide them with a copy of documentation from the Initial Health Screening as well as a copy of the attached "Caregiver's Guide" for care of children exposed to methamphetamine laboratories.
- b. In cases where the Child Protection Services Worker does not take protective custody of the child, the CPSW will give instructions to the child's caregiver to transport the child to the closest hospital emergency room or other urgent care facility able to perform the required medical tests and procedures for the initial medical assessment.

The CPSW will provide the caregiver with the attached "Caregiver's Guide" and "Physician's Guide" for care of children exposed to methamphetamine laboratories.

Whether performed by a HealthWorks Initial Health Screening site or other hospital emergency room or urgent care facility, the initial medical assessment for drug endangered children shall follow the requirements of the protocol listed below.

Note: Due to the time sensitive nature of the urine toxicology screen required per this protocol, the CPSW should request that the urine sample be collected from the child immediately upon arrival at the medical facility, even if there will be a wait for the remainder of the exam and medical tests and procedures to be performed.

Initial Medical Assessment Protocol (Protocol 2)

Prompt medical assessment of the child is warranted due to the risk of toxicologic, neurologic, respiratory, dermatologic, or other adverse effects of methamphetamine lab chemical and/or stimulant exposure, as well as the high risk of child abuse and neglect.

1. Obtain as much of the child's medical history as possible from the parents or other adults familiar with the child.

The collection of the child's complete medical history is an ongoing process and may not be able to be completed at the time of the initial assessment, either because the parents are incarcerated or otherwise unwilling to give information. The CPSW or Permanency Worker will work with the parents or caregiver to attempt to gain additional information during subsequent interactions.

Insight into any past known conditions, immunizations, allergies, or past health care providers will be helpful with future medical evaluations. Knowledge of the child's previous medical history can help practitioners interpret current findings and choose the most appropriate plan of care. In cases where protective custody is taken, HealthWorks staff will begin performing medical records searches to obtain the child's medical history, including the Department of Human Services Cornerstone system, and DHFS medical claims data.

2. The medical facility will perform a complete physical exam. Particular attention should be paid to the child's neurologic screen, respiratory rate, skin condition, and gastro-intestinal problems.

A complete physical exam ensures that a child is systematically checked for signs of illness, neglect, and abuse. The neurologic screen and respiratory rate are especially important since chemical exposures are known to be harmful to the nervous and respiratory systems. Abnormal findings may require that the

optional tests listed below be performed along with the required tests and screenings.

3. The medical facility staff may decide to call the Poison Control Center at (800) 222-1222 for assistance if clinical findings suggest toxic exposure about which the treating physicians have questions or need further information.
4. The medical facility will perform the following clinical evaluations as ordered by the physician.
 - a. Vital signs, including core temperature, height, weight, and head circumference
 - b. Body chart for abuse
 - c. Nutritional assessment
 - d. Complete metabolic panel, including
 - i. BUN/Creatinine
 - ii. Liver Function Tests
 - iii. Electrolytes
 - iv. Total protein
 - v. Albumin
 - e. Complete Blood Count
 - f. Urine toxicology screen
 - g. Lead screen
 - h. Oxygen saturation (Pulse oximetry)
 - i. Chest x-ray, if symptoms indicate

Note: Due to the time sensitive nature of the urine toxicology screen required per this protocol, the CPSW should request that the urine sample be collected from the child immediately upon arrival at the medical facility, even if there will be a wait for the remainder of the exam and medical tests and procedures to be performed.

5. If available and feasible for the child, the following tests should be added to the above list:
 - a. Pulmonary function tests for children five years old and above

- b. Heavy metals screen
6. For any positive findings, ensure appropriate follow up care is provided as indicated. For children taken into DCFS custody, findings and follow-up recommendations are also documented on the HealthWorks Health Services Encounter Form (CFS-653).

For test results not immediately available at the initial medical assessment, the CPSW is to request that the medical facility staff contact them as soon as the results are available. If the child(ren) is placed with a substitute caregiver, the CPSW will ensure that the substitute caregiver is aware of the child(ren)'s follow up needs and is able to see that they are met. The CPSW is responsible for making sure copies of all test results are provided to the child's Permanency Worker as well as to the HealthWorks Lead Agency for the county where the child is placed.

Positive (i.e. abnormal) test results and other clinical findings will be followed up with appropriate treatment by the medical facility as needed. This is in addition to the regular, routine follow up care protocols.

Specific follow up for problems identified in the initial medical assessment should be arranged separate and independent of the routine follow up visits if necessary and may need to occur prior to the Follow up visit (Comprehensive Health Evaluation for children taken into DCFS custody). Lab tests should be repeated as clinically indicated.

7. A urine specimen should be collected from each child within 12 hours of identification because some chemicals/drugs are eliminated in a short time. The CPSW will ensure that the medical facility uses appropriate chain of custody procedures. Since children at the illegal lab may have been exposed to low doses of drugs from accidental or environmental exposure (as opposed to dose levels taken by users), the CPSW will request that the medical facility report urine

toxicology testing results at any detectable level, not just those above the established thresholds.

Note: If any tests are run for forensic purposes, chain of custody procedures with confirmatory test results must be used. These would typically include but not be limited to urine toxicology testing and liver function tests.

In cases where the Child Protection Services Worker takes the child to the initial assessment, the CPSW will obtain copies of the exam results from the medical facility and include them in the investigative case file. For children taken into DCFS custody, the CPSW is responsible for making sure a copy is provided to the child's Permanency Worker as well as to the HealthWorks Lead Agency for the county where the child is placed.

In cases where the child is not taken into protective custody and the caregiver takes the child to the initial medical assessment, the CPSW will request copies of the exam results from the caregiver and include them in the investigative case file.

If the case remains open with the Department, the Child Protection Services Worker must ensure that information on the child's medical exam records are transitioned to the Permanency Worker assigned to the case and copies provided to the HealthWorks Lead Agency for the county where the child is placed. The CPSW must inform the Permanency Worker that the case involves drug endangered children from a methamphetamine lab, including information obtained by the CPSW at the lab site. The CPSW will also provide the Permanency Worker with the details of drug endangered children medical protocols completed to date and the follow up care needed by the child.

3. Follow-up Care

The Follow up visit must occur within 21 days of the initial medical assessment. This visit is a follow up to the initial assessment to reevaluate the health status of the child, identify any latent symptoms, and ensure the provision of appropriate and timely follow-up services. It is ideally scheduled late in the 21 day time frame to allow for initial recovery from the lab seizure experience. Some exam and test results may be affected by the emotional reactions to the crisis. For example, temporary developmental regressions may have been resolved if enough time is allowed to pass before a developmental exam is completed.

In cases where the Department has custody and is legally responsible for the child, the Permanency Worker will work with the child's substitute caregiver to have the follow up visit completed as part of the Comprehensive Health Evaluation (CHE). The HealthWorks Lead Agency for the county where the child is placed will provide a copy of the Comprehensive Health Evaluation documentation to the Permanency Worker for the case file.

In cases where the Department does not have custody and is not legally responsible for the child, the Permanency Worker will provide the caregiver with a copy of the attached "Caregiver's Guide" and "Physician's Guide" for care of children exposed to methamphetamine laboratories, instruct the caregiver to have the child examined by a physician or at a licensed medical facility and request copies of the child's exam records for the case file.

Follow Up Visit/Comprehensive Health Evaluation

Required components of the Follow up visit (Comprehensive Health Evaluation for children in DCFS custody), based on the child's age and medical history, include:

- o Unclothed physical examination, including height, weight, and head circumference

- Asthma screening
- Hearing screening
- Vision screening
- Oral health screening
- Immunizations appropriate to the child's age and medical history
- Laboratory screens including TB, anemia, lead, sickle cell, HIV, STD, hepatitis B, hepatitis C if indicated by liver function test results
- Other lab tests as indicated
- Referrals to specialists and other care as indicated

In addition to the required components of the Follow up visit/Comprehensive Health Evaluation, the Follow up Care protocol includes the following steps.

Follow up Care Protocol (Protocol 3)

1. Medical

- a. Follow up on the results from any tests conducted at the initial medical assessment (Initial Health Screening for children taken into DCFS custody).
- b. For children taken into DCFS custody:
 - i. The HealthWorks Lead Agency staff will provide a copy of the child's medical records that are available to the physician conducting the Comprehensive Health Evaluation. This includes records of the physical exam, body chart for abuse, and laboratory results received as part of the Initial Health Screening.
 - ii. The Permanency Worker will also bring any previous medical records to the Comprehensive Health Evaluation if available.

- iii. For children known or suspected to be born to a woman using methamphetamines during pregnancy, the physician should have a chromosome analysis performed.
- iv. Results from any clinical evaluations or lab tests performed at the initial medical assessment (Initial Health Screening for children taken into DCFS custody) will be reviewed by the physician and a treatment or monitoring plan will be developed if indicated by the test results.

If any abnormal findings are yielded from any of the above exams or tests, the physician will prescribe and schedule intervention and follow up appropriate to the findings. In addition, or if no abnormal findings are discovered, routine follow up visits are scheduled as required by the ongoing care protocol.

- v. If the child is found to require medical intervention, a plan for appropriate treatment and follow up will be made. For children taken into DCFS custody, the Permanency Worker will work with the substitute caregiver to ensure that the plan is implemented.

Appointments for ongoing care may also be scheduled at this visit.

- 2. **Developmental** - For children age 0-5 years, a developmental screen should be performed.

The developmental screen will consist of an initial age-appropriate exam to identify developmental delays that may have occurred due to inadequate nurturing or neurologic damage from chemical, fumes, or drug exposure at the methamphetamine lab. The developmental screen must be performed using an age-appropriate standardized instrument (e.g. Denver II, Ages and Stages, Ages and Stages Social/Emotional, Early Screening Inventory-Revised).

In cases where the Department has custody and is legally responsible for the child, the Permanency Worker will work within established Departmental procedures to arrange the appointment for the developmental screen. For children in the Integrated Assessment Program, Permanency Workers will follow current Integrated Assessment procedures to identify a screener and schedule the screening appointment appropriate to the child's age.

In cases where the Department does not have custody and is not legally responsible for the child, the Permanency Worker will request the caregiver to arrange for a developmental screen and request copies of the child's screen for the case file.

3. **Behavioral/Mental Health** - For children age 0-18 years, a mental health screen should be performed.

In cases where the Department has custody and is legally responsible for the child, the Permanency Worker will follow current Integrated Assessment procedures to obtain the mental health screen.

In cases where the Department does not have custody and is not legally responsible for the child, the Permanency Worker will request the caregiver to arrange for a mental health screen and request copies of the child's screen for the case file.

The purpose of the screen is to identify possible mental health problems, as well as issues related to the child's removal from the home and home environment and the need for mental health services.

4. **Photograph** the child and include the pictures in the child's case file.
5. **Treatment Plan** - If the child is found to require developmental and/or mental health intervention, a plan for appropriate treatment and follow up will be

made. For children taken into DCFS custody, the Permanency Worker will work with the substitute caregiver to ensure that the plan is implemented.

4. Ongoing Primary Health Care

Ongoing primary health care is a schedule of routine follow up visits to monitor a child's health and well being during the twelve month period following identification of the child at a lab site. Long-term follow-up care is designed to:

- Monitor physical, emotional and developmental health,
- Identify possible late-developing problems related to exposure to the illegal lab environment, and
- Provide appropriate intervention.

For all drug endangered children found living in homes with methamphetamine labs, ongoing follow-up visits are required at a minimum of 6 and 12 months following the initial medical assessment. Visits are scheduled more frequently, if indicated based on the EPSDT schedule or as required by DCFS. In cases where the Department has custody and is legally responsible for the child, the Permanency Worker will ensure that the child's caregiver takes the child to all scheduled follow up health care visits.

For all drug endangered children, the Permanency Worker will provide the child's caregiver with a copy of the attached "Caregiver's Guide" for care of children exposed to methamphetamine laboratories and ask that they make the child's primary health care physician aware that the child was exposed to an illegal drug lab.

In cases where the Department has custody and is legally responsible for the child, the Permanency Worker will work with the HealthWorks Lead Agency in the county where the child is placed to ensure that the primary health care physician conducting all long term follow up care receives copies of the child's previous medical records that are available. The HealthWorks Lead Agency can also provide copies of exam reports and test results that it has received to the Permanency Worker for the child's case file. The steps for the ongoing care protocol are listed below.

Ongoing Primary Health Care Protocol (Protocol 4)

1. The routine scheduled visits will occur according to the Early Periodic Screening Detection and Treatment (EPSDT) schedule as listed in the Illinois Department of Healthcare and Family Services (DHFS) Handbook for Providers of Healthy Kids Services, Chapter HK-200: Policy and Procedures for Healthy Kids Services, or as required by DCFS.
2. The physician will perform a comprehensive physical exam consistent with the DHFS Healthy Kids guidelines and conduct laboratory tests as needed.
3. Long term follow up care visits focus on checking organ systems and mental health indicators that might reveal late developing signs and symptoms of damage from the lab exposure.
4. Medical records will continue to accompany the child's course of care.
5. Plan follow up treatment or adjust any existing treatment for any medical problems identified during the exam.

Regular visits ensure that identified problems are managed properly and fully. Follow up visits, in addition to the regular routine visits may be planned and scheduled as indicated.

6. The physician and caregiver will plan follow up strategies for any developmental, mental health, or placement needs identified. In cases where the Department has custody and is legally responsible for the child, the Permanency Worker also will be involved in this planning process.

Planned follow up helps to ensure proper and complete management of the child's needs. Community resources other than the medical facility may have to be accessed to meet these needs of the child.