

Highlands County, Florida

Drug Endangered Children



County-Wide, Multidisciplinary Protocol

Methamphetamine and Methamphetamine Laboratories

Highlands County DEC Workgroup
2005-2006

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- ❑ Avon Park Police Department
- ❑ Florida Department of Children and Families
- ❑ Florida Department of Environmental Protection (Division of Law Enforcement)
- ❑ Florida Department of Law Enforcement
- ❑ Guardian Ad Litem Program
- ❑ Highland's County Children's Advocacy Center
- ❑ Highlands County Emergency Operations Services (EMS, Fire)
- ❑ Highlands County Health Department
- ❑ Highlands County Sheriff's Office
- ❑ Kid's Hope United
- ❑ Lake Placid Police Department
- ❑ Polk County Child Protection Team
- ❑ Sebring Police Department
- ❑ State Attorney's Office, Tenth Judicial Circuit
- ❑ Tri-County Human Services

**HIGHLANDS COUNTY
DRUG ENDANGERED CHILDREN (DEC)
FACT SHEET**

The dangers from chemicals used in the production of methamphetamine (Meth) and the drug itself are well documented.

With each batch of Meth produced, poisons are released into the air that pollute and contaminate the immediate area, putting the children who live in and around clandestine labs at risk for contamination and severe health problems.

There are many different chemicals that can be used to manufacture Methamphetamine: Most of these can be purchased by anyone and without seeing these chemicals in combination they may not raise any suspicion of meth production. These include, but are not limited to:

Solvents [such as denatured alcohol, methanol, toluene (brake cleaner), ether (engine starter) xylene, acetone]

Ephedrine (and other stimulant intermediates found in products like cold medicine)

Acids & Alkalis [such as sulfuric acid (drain cleaner), sodium hydroxide (lye), hydrochloric acid, hydriotic acid]

Phosphorus [such as iodine (veterinary products), matches]

Heavy metals

How does exposure to Meth and the chemicals used to produce it affect children?

Because of their age and vulnerability to poisons, children may be more significantly affected than adults. They are more likely to show the effects of any toxic exposures and the consequences may be fatal or life impairing.

Some examples of the effects of exposure are cancer, neuro-toxicity, developmental toxicity, reproductive toxicity, & specific organ damage.

How are children exposed to the chemicals and lab hazards?

Children explore their surroundings by crawling, touching and putting things into their mouths. They may put contaminated toys and other items in their mouth.

FACT SHEET (continued)

What signs of exposure may children show?

Headaches

Shortness of breath

Skin irritation

Fatigue (tiredness)

Dizziness

What other problems may children have from exposure to labs?

Chemical burns on the skin, eyes, nose and mouth

What are the long-term health effects a child may suffer?

Death-- Even a very small amount of Meth may cause significant injury and sometimes death in a young child.

Cancer

Brain damage

Kidney, liver and lung damage

Suppressed immune system

Unborn children may be born with birth defects and addicted to Meth.

If your child has been exposed to a clandestine lab, they should be examined by a doctor who can evaluate their health and treat any health problems they may have.

INTRODUCTION

Community representatives identified child safety issues associated with methamphetamine (Meth) production in homes or other locations with children present. Representatives from the Highlands County Drug Endangered Children (DEC) Work Group will work together to formalize a multidisciplinary protocol to address the needs of children and ensure the safety of children who are or were present at a Meth laboratory.

The purpose of the protocol is to provide professionals from Law Enforcement, Department of Children and Families, Social Services, Fire Department, Medical Services, and Prosecution/Judiciary a basis for the development of community specific procedures for situations where there are drug production, trafficking, and abuse.

Implementation of the protocol will ensure that children who may be at risk for exposure to Meth receive protection, advocacy and support through a multi-disciplinary approach, and that investigations provide the best opportunity for prosecution of individuals involved in manufacturing, selling, and abusing Meth and other drugs.

BACKGROUND/PROBLEM

The production of Meth in home-based and other drug labs confronts Florida with a unique set of problems that other illegal drugs have never before presented.

The chemicals used to manufacture Meth, the production process, and the waste generated as a result of that process pose very real and serious dangers to children and others in the labs, the public at large and out environment. These dangers include toxic poisoning, chemical and thermal burns, fires, and explosions.

The children who live in and around Meth labs are at the greatest risk of harm due to their developmental nature, the abuse and neglect perpetrated on them by their caretakers, and the many others who frequent their drug-laden homes, and especially, their inability to protect themselves.

Responding to a suspected Meth lab where children are present requires a carefully planned and coordinated approach involving multiple agencies. Those who make Meth often use the drug, making them prone to violent behavior. Meth producers often try to keep their illegal operations a secret through the use of weapons, explosive traps, as well as surveillance equipment.

OVERVIEW

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

The following protocol will provide basis for assisting law enforcement, child welfare and medical personnel and other agencies which are involved in the investigation of allegations/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 not intended to supersede any applicable statutes, rules, laws, or policies or regulations of any governmental agency. They are intended as a document for all agencies involved in the development of the protocol to use as a basis for reviewing and developing their own internal procedures to be merged into a county-wide procedure which will be adopted as the standard protocol. This protocol for Highlands County is proposed in response to a state-wide initiative.

PROTOCOL OBJECTIVES

To provide for a coordinated multidisciplinary response to, and investigation of, allegations/reports to law enforcement (LE) and/or Department of Children and Families (DCF), or other agencies, regarding the suspicion of exposure of children to a controlled/dangerous substance(s) found in proximity to a clandestine meth lab in order that we may:

- a. Ensure the immediate safety of the children;
- b. Determine need and provide for medical assessment/treatment;
- c. Determine placement/services needs of children;
- d. Ensure safety of law enforcement, DCF case workers, and medical and fire and rescue personnel involved in the investigation and rescue of the children;
- e. Ensure that appropriate charges are filed by Law Enforcement and processed by the judiciary as a result of children found in meth labs.

Recent changes (Enacted July 1, 2005) in Florida Statute provide other remedies/charges related to exposing children to Meth labs that have been designated as first degree felonies with minimum mandatory sentences. The amendment to F.S. 893.033 reads in part as follows;

Except as authorized by this chapter, it is unlawful for any person to manufacture methamphetamine or phencyclidine, or possess any listed chemical as defined in s. 893.033 in violation of s. 893.149 and with intent to manufacture methamphetamine or phencyclidine. If any person violates this paragraph and:

- a. The commission or attempted commission of the crime occurs in a structure or conveyance where any child under 16 years of age is present, the person commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. In addition, the defendant must be sentenced to a minimum term of imprisonment of 5 calendar years.*
- b. The commission of the crime causes any child under 16 years of age to suffer great bodily harm, the person commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. In addition, the defendant must be sentenced to a minimum term of imprisonment of 10 calendar years.*

SUMMARY OF PROTOCOL

1. Joint Investigations

All agencies assume responsibility to contact and coordinate with counterpart investigative, emergency and medical treatment agencies.

2. Immediate procedures at the scene of clandestine labs, or when precursors (chemicals/paraphernalia) are present:

- a. All personnel are required to follow **their agency safety procedures** when dealing with hazardous materials;
- b. Securing of the scene and remove of all individuals present in the home; Care should be taken in the placement of persons removed from the home so as not to contaminate any other areas, vehicles or responding personnel. All occupants should be considered contaminated until proven otherwise or decontaminated.
- c. Initial assessment of children at scene;
- d. Notify Highlands County Sheriff's Office-Special Operations Unit and any other appropriate law enforcement agency;
- e. Notify Emergency Medical Services (EMS) and the Fire Department and;
- f. Turn scene over to Law Enforcement to await the arrival of a DEA trained site safety coordinator. Only trained members of the agency who have clandestine laboratory training should attempt entry or manage a suspected clandestine laboratory, and only when under the direction of a DEA site safety coordinator.
- g. Determine the identities of any other persons, especially children that may have visited the scene in the past.

3. DCF Investigation (On-Scene):

- a. Take children into protective custody;
- b. Leave all personal items at the scene and initiate decontamination process;
- c. Advise of parental rights and Health Insurance Portability and Accountability Act (HIPAA) requirements;
- d. Obtain medical release for children;
- e. Conduct appropriate interviews;
- f. Complete all follow-up reports and court proceedings as necessary.

4. LE Investigation (On-Scene):

- a. Secure the scene and evacuate all non-essential personnel, and surrounding residences depending on their proximity to the lab.
- b. Determine who has “standing” to object to a search of the residence or out buildings. Obtain a search warrant before proceeding further. Consent from a resident/owner is acceptable, but caution should be taken in obtaining consent especially if the person giving the consent does not have control or equal access to the areas needing to be searched.
- c. Identify all occupants of the residence/site, all government personnel on the scene as well as those who have visited the location recently.
- d. Photo-document the scene, to include evidence of child endangerment; to be conducted by clandestine laboratory trained personnel only.
- e. Collect and preserve evidence; to be conducted by clandestine laboratory trained personnel only.
- f. Identify chemicals/materials; to be conducted by clandestine laboratory trained personnel only.
Note: It is important to note the type of chemicals and their condition at the time they were detected. Were the containers open, secured, unsecured, so as to determine the level of contamination or exposure?
- g. Conduct appropriate interviews;
- h. Coordinate the removal of (chemicals and related paraphernalia);

1. In all instances in which there is a reasonable belief that a clandestine lab exists, the investigating agency, MUST call DEA. Upon approval by DEA, DEA will provide COPS grant clean up, assist in providing needed expertise based on the suspected nature of the lab, and will help insure that trained Federal, State or local members are available for response to include a site safety coordinator/officer.
2. For COPS (Community Oriented Policing, sponsored by the Department of Justice) grant cleanup compliance and to record information regarding the lab, a National Clandestine Laboratory Seizure Report must be completed. The site safety coordinator will generally complete the necessary report.

The COPS grant provides the funding to dispose of the hazardous material associated with the lab.

3. In the event that DEA chooses not to respond to the suspected site, then control of the site should be managed by the local agency with original jurisdiction, utilizing available resources (clandestine lab trained personnel). A DEA case number shall be requested, which will be utilized in obtaining funding for disposal of the hazardous materials and site clean-up, if required. A National Clandestine Laboratory Seizure Report shall be prepared and submitted to DEA.

- i. Complete all follow-up reports, and file child abuse and other appropriate charges as appropriate.

5. Medical assessment/treatment:

- a. Conduct Initial Medical Assessment (On-Scene by Emergency Medical Service) as necessary;
- b. Provide Immediate Care Protocol (Hospital emergency room or pediatric facility) and medical treatment as appropriate;
- c. Provide Baseline Assessment Protocol {Pediatric provider, Health Department, Child Protection Team (CPT)};

6. Fire Department, EMS and EOC:

- a. On-scene response and support as necessary;
- b. Complete required/Fire Department/EMS reports.

- 7. Safety procedures:** Adhere to DEA/local Lab protocols and local HAZ-MAT Incident Command Procedures. Only trained personnel should be allowed into the suspected site(s) after discovery.

8. Team Coordination/Review:

- a. On-Scene Team Coordination (Provided under the Basic Incident Command Structure)
- b. Multidisciplinary Review Team (MDRT) meeting after each incident to review and revise any response procedures.

9. Judiciary:

Review all charges filed by Law Enforcement and charge as appropriate to ensure the active enforcement of laws as well as to validate the strength of the procedures.

PROTOCOL FOR DRUG ENDANGERED CHILDREN (DEC)

1. Joint Investigations

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(s) 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 and judicial process.

A. Known/Suspected Clandestine Drug Lab:

1. **When DCF receives the initial DEC report**, they will notify the appropriate law enforcement agency and provide them with 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, as well as inform all other appropriate enforcement agency(s).
2. **When law enforcement receives the initial DEC report**, they will notify the Abuse Registry/Hotline 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, secure any necessary search warrants, and share all pertinent information with the DCF investigator, as well as report to any other appropriate enforcement agencies (EOC, EMS, Fire Department, FDLE, DEA). 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.)
3. **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 Meth lab.

B. Unknown Clandestine Drug Lab – Discovered on Unrelated Complaint:

1. **DCF Discovery** – If children are present, take children to a safe environment outside the home. Immediately, inform law enforcement of conditions in the home so that all other appropriate agencies can be contacted for response. **Do not** re-enter the home. {Attempt to make a related excuse, so as not to “tip-off” the offender(s) i.e.: interview children, answer pager, etc.} Immediately contact Law Enforcement to begin the process of EOC/response.
2. **Law Enforcement Discovery** – Immediately remove all individuals from the home and secure the crime scene. Contact the appropriate special operations or narcotics unit, DEA, medical personnel (EMS, Fire,) and the DCF Abuse Hotline, requesting an immediate response from DCF Investigations. Make any immediate probable cause arrest(s) as necessary, placing any suspects into law enforcement custody.
3. **School Board of Highlands County (SBHC) Personnel, including School Social Worker, Homebound Teachers, School Nurses, and other staff members who may enter the home** - If upon entering the home, there is reason to suspect that there is a Meth lab on the premises, the School Board employee will:
 1. Make an excuse and leave the premises immediately.
 2. Contact the appropriate law enforcement agency.
 3. Contact the Abuse Hotline and make a report.
 4. Check with Law Enforcement to verify that a Meth lab was in the home.
 - a. If there was indeed a Meth lab, request information re: decontamination procedures for all SBHC that may have entered the premises.
 - b. Contact all SBHC representatives who entered the location and share decontamination information.

2. 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: (A partial list of precursor chemicals and/or paraphernalia are provided in the Fact Sheet at the beginning of this protocol.)

- A. All investigative/medical personnel** responding/working at the scene of a clandestine drug lab **should follow their agency safety procedures** when dealing or coming into contact with.
- B.** All persons inside the home should be **immediately** removed. Law enforcement should take the lead in removing occupants from the home, ensuring their own personal safety, while preserving the integrity of the crime scene, ensuring the safety of children and other persons, and making any probable cause arrests as

necessary. The home should be secured, pending issuance of a search warrant/consent to search being obtained.

- C. Ensure appropriate medical personnel (EMS and Fire Department) respond to the scene.
- D. Law enforcement should immediately notify their local EOC and Narcotics or Special Operations Unit. If the responding law enforcement agency does not have an internal Narcotics Unit, they should notify any other appropriate law enforcement agency(s) (FDLE, DEA) for assistance.
- E. Upon arrival of the Narcotics or Special Operations Unit, the crime scene should then be turned over to Law enforcement, pending the arrival of trained clandestine laboratory personnel, and a safety site coordinator.

3. DCF Investigation (On-Scene):

- A. Children located at the scene, or known to have been present at the scene of a clandestine drug lab, should be sent to the nearest Emergency Room after decontamination for medical testing, and medical clearance prior to action to place the children into protective custody by DCF. In order to avoid contamination, no DCF personnel should place the children into their own vehicles until complete decontamination takes place. Decontamination at the scene should be completed by the Emergency Responders/Team at the scene.
- B. To minimize contamination, no personal items, including clothing of the children, should be removed from the scene. If possible and practicable, children's clothing should be removed, and care should be taken during clothing removal to minimize any possible trauma to the children. Children should be wiped down with sanitary wipes at a minimum prior to removing them from the scene. 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.
- C. Interview the children, if age appropriate, regarding their home situation and any information they may have regarding the Meth lab and if they know the identities of other persons (children included) that may have visited the home. 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/she is being separated from his/her parents and ensure ongoing services will be provided to the child and his/her parents. Forensic interviews should be conducted on all verbal children who have knowledge regarding the Meth lab operation and drug usage in the home. Child interviews should be conducted at a Children's Advocacy Center (CAC). An interview guideline for children exposed to the manufacture of Meth is provided as Attachment A.

- D.** Obtain the child's medical history. It is critical that, a urine specimen from the child be obtained to determine if the child has Meth in his/her system. The medical recommendation is to have this obtained within two (2) hours. Therefore, it is critical that EMS be called to the scene to perform preliminary medical tests. If possible, DCF should arrange an appointment with the child's primary care provider immediately after removal from the scene. Ensure that appropriate information is provided to the caregivers regarding the possible affects of Meth on children. (A copy of the fact sheet at the beginning of this protocol may be used as a guide.)
- E.** 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 of and coordination with the law enforcement agency(s).
- F.** Ensure the copy of photographs, evidence sheets and law enforcement reports are obtained in order to ensure that dependency action can be documented clearly for judicial purposes.

4. Law Enforcement Investigation (On-Scene):

It should first be determined who has "standing to object to a search of the residence/property. A written consent to search or a search warrant should be obtained prior to re-entering the site. (A search warrant is preferred over consent.) Additionally, the Basic Incident Command System must be initiated as soon as feasible.

- A.** Photographs should be taken if children are present, or if evidence exists that children reside at the location. Photographs should include:
 - 1. Location of the incident;
 - 2. Interior living conditions of the home;

3. 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 as well as the condition of the containers holding the chemicals. Notations should be made whether or not the containers were open, sealed, secured or unsecured.);
 4. Play area/yard where the children are exposed;
 5. Children's bedroom or sleeping area, to include attempts to reduce exposure to chemical residue and their proximity to any laboratory/chemical materials;
 6. Bathroom conditions;
 7. Food supply in kitchen cabinets, pantry, refrigerator or freezer;
 8. Proximity of food to chemicals, drugs and paraphernalia;
 9. Drug lab components, associated chemicals, paraphernalia, fire and chemical hazards and locations discovered;
 10. All samples collected by certified law enforcement personnel;
 11. Physical condition of the children and all other occupants of the residence;
 12. Any previous or current fires caused as a result of the clandestine production of drugs within the residence; and
 13. Any and all injection sites or other methods of ingestion of the drug.
- B.** Law Enforcement Personnel will be responsible for the collection and preservation of all evidence according to DEA and FDLE evidence collection protocol.
- C.** Law Enforcement personnel who are trained in clandestine laboratories 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). Both the DEP and the DEA may elect to send a chemist to the scene. An on-call agent supervisor will contact the reporting officer or agent to discuss the potential environmental impact.
- D.** Law Enforcement will conduct criminal interviews with individuals present (suspects, witnesses and children):
1. Interviews with the children should be done jointly, with a DCF representative present, whenever possible in order to minimize the number of interviews;
 2. Interviews with children should be conducted at a Children's Advocacy Center (CAC) or similar type facility; (Refer to attached interview guidelines.)
 3. Video taped interviews of the children should be conducted whenever possible, utilizing age appropriate methods;

4. 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;
5. Determine who else has been to the home/site (especially children), their identities and how recent the visit(s) may have been.

E. Reports/Documentation:

1. All occupants in the home (full-time and part-time residents) should be identified and included in the report.
2. Agency reports regarding Meth exposure (manufacture, sale and/or possession) should be documented, i.e., Exposure Hazard Reports, etc.
3. A listing of all chemicals discovered at the site should be immediately reported and provided to DCF for their dependency action.
4. Upon discovery and verification of a Meth lab at a residence, it is strongly recommended that law enforcement notify the following agencies:
 - a. Health Department – For community safety purposes
 - b. Property Owner – Who is financially responsible for all clean-up costs.
 - c. Property Appraisal Office – The Office of the Property Appraiser shall inspect the property and use all records regarding the identification of the Meth Lab property by Law Enforcement, and other departments and shall appropriately earmark the property records for future use or sale as a chemical waste site with hazardous conditions until the Office is completely satisfied that the site has been neutralized. These records shall be available for public inspection and information should be readily available and identifiable to Real Estate Agents and any potential buyer. If hazardous materials may have contaminated ground waters and areas of ecological concern, neighboring property owners within a one mile radius shall be notified.

F. The Site Coordinator will be responsible for the coordination of the removal of the chemicals and by-products at the residence.

5. Medical Assessment/Treatment:

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

1. Conduct assessment to determine whether the child needs **emergency medical care**.
2. For obvious injury or illness, call **911** for emergency assistance.
3. If EMS or Paramedic is on scene, perform field medical assessment - Airway, Breathing, Circulation vital signs (pulse, blood pressure, respirations, temperature).
4. Transport to nearest facility capable of treating pediatric emergencies, for life-threatening findings.
5. Leave child's personal possessions at scene. Do not transport personal belongings, clothing/possessions from scene to avoid contaminating other settings. Child should be decontaminated at the scene by following routine decontamination protocols.

B. Immediate Care Protocol (Hospital emergency room or pediatric facility)

Immediate care should be provided as soon as possible after significant problems are identified, preferably **within 2 hours, but not later than 4 hours** after the child is identified at the lab site. Child should be transported to nearest facility capable of treating pediatric emergencies for immediate care.

1. Conduct initial assessment.
2. Administer tests and procedures as clinically indicated by findings.
3. Obtain a urine specimen (clean catch or bag) for toxicology screen for methamphetamines and other drugs of abuse. Request lab identification of **ANY DETECTABLE LEVEL** of drug. Use appropriate chain of evidence procedures.
4. Call Poison Control if clinically indicated. **1-800-222-1222**.
5. Complete baseline assessment if appropriate or refer to pediatric facility for follow-up assessment.

C. Baseline Assessment Protocol (Pediatric provider, Health Department, Child Protection Team)

To be completed within 24 hours after child has been decontaminated and removed, by a pediatric facility or with pediatric medical provider to ascertain child's general health 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.

1. Obtain medical history from parents if available; otherwise obtain medical records for review and continuity of care.
2. Perform complete pediatric physical examination (ESPDT). Pay attention to neurological screen and respiratory rate.

3. Call Poison Control if clinically indicated **(1-800-222-1222)**.
4. Required clinical evaluations are :
 - a. Collect urine specimen for toxicology, if not collected earlier. Clean catch or bag specimen. Maintain chain of evidence procedures for forensic purposes.

Optional Clinical Evaluations are listed below:

- b. Temperature
 - c. Liver function tests: SGPT, SGOT, Total Bilirubin and Alkaline Phosphatase
 - d. Kidney function test: BUN and Creatine
 - e. Baseline electrolytes: Sodium, Potassium, Chloride, and Bicarbonate
 - f. CBC
 - g. Complete metabolic panel
 - h. Pulmonary function tests (Pulmonologist)
 - i. Oxygen saturation
 - j. Heavy metal screens (Lead, Arsenic, Mercury) (Lab Corp)
 - k. Developmental Screening (Age 0-3 Early Steps) (Age 3-5 FDLERS)
 - l. Mental health screen and crisis intervention services as indicated (Marge Brewster Center)
5. Refer to Child Protection Team for medical evaluation for child abuse and/or neglect, if indicated.
 6. Follow-up with appropriate care for any positive findings.

Note: It is strongly recommended that DCF collect, analyze and report the follow-up of abnormal labs (within 30 days) and re-assess developmental status and mental health status (within 12-18 months) after discovery.

6. Emergency Operations Departments (On-Scene)

Fire Department, Emergency Medical Response, and Special Operations Team:

1. To provide decontamination support to children removed from Meth Lab environments.
 2. To transport the children to the closest proper medical facility for definitive treatment and further testing as needed.
 3. 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.
- B. 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.

At all times, once the Hazardous Material Site has been identified, the Incident Command Procedure will be in place.

All Standard Operating Guidelines (SOGs) for Highlands County through the Office of Emergency Management shall prevail. Specifically these shall include SOGs listed below and in Attachment C of this document. These shall include, but are not limited to the following:

FIRE DEPARTMENT OPERATIONS

SUBJECT: Engine Company Response to Hazardous Materials Incidents

PURPOSE: To ensure that all members are aware of the proper procedures to follow during these incidents. This guideline was developed to provide considerations that Highlands County feels should be addressed when responding to actual or potential hazardous materials incidents. It is understood that no two incidents will be exactly alike, and this guideline is not intended to be a universal protocol that will suppress taking actions necessary in unique incidents. It does provide a framework for organizing thought processes that will allow the Incident Commander to consider anticipated aspects of an incident that Highlands County feels are important. If members have any doubt as to the appropriate actions that should be followed, contact Dispatch and they will notify Emergency Management for assistance.

GENERAL

First responders at the operations level will generally be the initial response to a hazardous material incident. They function primarily in a defensive mode, without actually trying to stop the release. Their function is to contain the release from a safe distance.

APPROACH

The first arriving unit shall approach the scene from up-wind and up-hill, if possible, and maintain a distance of not less than 300' (1/2 a city block).

All other responding units shall stage at a location not less than 1200' (2 city blocks) from the incident scene until requested by Incident Command.

The Hazardous Materials Response Team will stage at the 300' staging point until Incident Command requests them to approach the scene.

ARRIVAL

No unit shall be placed closer than 300' to an incident site until the hazard(s) of the material(s) have been identified and closer placement is deemed safe.

The first arriving unit shall give a verbal size-up and assume command of the incident. The following shall be considered a standard format for the initial radio report describing arrival conditions and actions:

- Size-up
- Product identity or UN number, if known.
- DOT Emergency Response Guidebook Guide number being followed.
- A request for additional assistance as needed.

If there are no visible methods for identifying the material involved, advise all units to follow DOT Emergency Response Guidebook Guide # 111.

If not already known, attempt to identify the material(s) involved by visual means (from a safe distance) or by questioning bystanders. If material is identified, use recommendations of the DOT Guidebook.

CONTROL

Defensive actions include those taken during a hazardous material incident in which there is no intentional contact with the material involved. This may include notification, identification, possible evacuation, isolating the material through diking or damming, establishing an initial Hot Zone, and denying entry.

Notification is notifying Dispatch of the need for Emergency Management, Law Enforcement, the Hazardous Materials Response Team, mutual aid, hazardous materials clean-up contractors, etc.

Identification would be attempting to determine identity of materials involved, from a safe distance. This would include name of material, hazards, physical and chemical

properties, container type, etc. This may be achieved through communications with resources on the scene or direct observation.

Evacuation may include moving surrounding people to safe locations, sheltering in place, PPE, establishing zones, decontamination procedures, rescue efforts, etc.

Isolation would include stopping the spread of the material without endangering lives. It could include damming and diking runoff, diverting, absorbing, or dispersing. Isolation of the material by removing people from danger area and denying entry might be necessary. Considerations must be given to the safety of the responders, public, and the environment.

NOTE: Company Officers may use the following guideline to have the Highlands County Hazardous Materials Response Team dispatched to the scene of an incident. If the IC is uncertain if this response is necessary, have dispatch notify Emergency Management for assistance.

- a) All calls known to involve hazardous materials.
- b) All vehicle accidents involving fuel spills in excess of 5 gallons, rollovers and commercial transportation vehicles.
- c) All reports of downed airplanes.
- d) All incidents at any facility known to store or use EXTREMELY HAZARDOUS SUBSTANCES (EHS) as defined by SARA Title III.
- e) Any facility identified through departmental procedures (i.e. Pre-Plans) as posing a significant risk to residents or responders.
- f) All confirmed reports of unidentified odors, except smoke.

HAZARDOUS MATERIALS RESPONSE TEAM OPERATIONS

The Highlands County Hazardous Materials Response (Haz-mat) team will respond to incidents involving hazardous substances. The team operates within the existing on-scene Incident Command System in accordance with Incident Command Procedures. Attachment “C” to this Methamphetamine Protocol explains in detail standard operating guidelines of the Team.

- An Incident Command System will be implemented at all incidents involving hazardous materials (See Attachment “C”, Appendix “B”). Within this ICS, the Team will function under its own Incident Management System.
- Within the incident command system, the Team Structure shall be established in accordance with Standard Operating Guideline #5 – ICS – Hazardous Materials Incidents (See Attachment “C”, Appendix “A”). The Team shall assume authority for all operations within the Hot and Warm zones.
- Hazard Risk Assessment - The Team shall perform a site specific Hazard/Risk Assessment in accordance with available resources and information.

- Site Safety Plan - A written Site Specific Safety Plan shall be developed and enforced by the Team Safety Officer.
- Control Zones - Control zones shall be established based upon information obtained through the hazard/risk assessment.
- Communications Procedures – The Team Commander will maintain communications with the Incident Commander on the scene. Entry team operations shall operate on a radio frequency free of all other radio communications.
- Emergency Medical Care - A medical treatment area shall be established on the exit (cold) side of the decontamination and dress out areas. This area shall be manned with Advanced Life Support personnel and an Advanced Life Support unit with transport capabilities during all operations.
- A decontamination corridor will be established prior to entry of personnel into the hot zone. A decontamination center will be provided for use by the public as required.

7. Safety Procedures

We are facing an unprecedented epidemic of clandestine Meth Labs in the U.S. Seizures of Meth 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 Meth. Responding investigative and medical personnel should follow their agency safety procedures and corresponding OSHA requirements.

8. Team Coordination and Protocol Review

A. On-Scene Team Coordination – Incident Command Structure

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 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. Teams should be responsible for removal of toxic waste.

B. 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 the CAC Team Facilitator consistent with procedures used in current staff meetings and chaired 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.

Highlands County Drug Endangered Children (DEC) Memorandum Of Agreement

This agreement is made by and between the following undersigned agencies to take effect as of the date all signatures are affixed.

This agreement is intended to adopt a multidisciplinary approach committed to the following:

- b. Share information and resources to enhance the investigation, prosecution and treatment of children exposed to drug abuse environments.
- c. Pursue the end of drug abuse in our community to prevent children from experiencing the physical, emotional and psychological damages of drug environments.
- d. Promote training opportunities for all agencies involved with dangerous drug environments as well as the community.

Each of the undersigned agencies has specific responsibilities imposed by law and will continue to perform those functions as required. Each agency, however, agrees to work with the others to take whatever steps are necessary to protect children from dangerous drug environments in Highlands County, and provide children and their families with proper protection and treatment.

The undersigned agencies and their representatives agree that information pertaining to children and families will be held in the strictest confidence. All agencies will adhere to their individual confidentiality requirements as prescribed by law.

Signature Page
Alpha Order by Agency

Name: Frank Mercurio, Chief
Agency: Avon Park Police Department

Name: Christina Garcia
Agency: Florida Department of Children and Families

Name: John King, District Head
Agency: Florida Department of Law Enforcement

Name: Sharon England
Agency: Guardian Ad Litem Program

Name: Jeff Roth
Agency: Highlands County Children's Advocacy Center

Name: William Nichols, Director
Agency: Highlands County Emergency Operations
(Representing EOC, & Fire Services)

Name: Dr. Paula Thaqui
Agency: Highlands County Health Department

Name: Kevin Roberts, Director
Agency: Highlands County Health and Human Services

Name: Susan Benton, Sheriff
Agency: Highlands County Sheriff's Office

Name: Sonya King, Supervisor
Agency: Kids Hope United

Name: Phil Williams, Chief
Agency: Lake Placid Police Department

Name: Tom Snyder
Agency: Child Protection Team

Name: Raymond McIntyre, Property Appraiser
Agency: Highlands County Florida

Name: Thomas Dettman, Chief
Agency: Sebring Police Department

Name: Steve Houchin
Agency: State's Attorneys Office

Name: Dr. Laura Van Horne
Agency: Highlands County Community Coalition for Substance Abuse Reduction

Name: Robert C. Rihn, LCSW, Executive Director
Agency: Tri-County Human Services

Note: Original Copies of Signatures will be held on file at the Highlands County Sheriff's Office, the State's Attorney Office, and the Office of Emergency Operations. All other signatories will receive a complete copy of all signatures.

Attachment A
**HIGHLANDS COUNTY
DRUG ENDANGERED CHILDREN (DEC)
INTERVIEW GUIDELINES**

For Children Living In Residences Where Meth Is Manufactured:

I. Introduction/Developing Rapport

“I talk with boys and girls about things that have happened in their home. Today we’re going to do that but I need to get to know you a bit better first. We tape what we talk about so I don’t have to write things down - I can listen to you. If I ask you a question you don’t understand, please let me know. If I say something that is not correct, please correct me.”

“So tell me your whole name...”

Compliment the child on something about them.

Structure one neutral question that will require a narrative so you can assess the child’s language style (e.g.” Tell me about school...; Tell me about what you do for fun...etc.)

II. Elicit a Narrative About Alleged Activities

A. For the child who was present in the home when Law Enforcement/DCF arrived:

“I understand that some police came to your home today. Tell me about that so I can know what happened...”

Then structure direct questions based upon the child’s narrative.

Specific clarification should be sought regarding:

- a. what was happening right before the police got there
- b. what was happening when the police were trying to get in
- c. what happened when the police came into the house
- d. clarify where the child was (location in the home) at the time
- e. what has the child been told to do when police come to the house

B. For the child who was NOT present in the home when police arrived:

“I talk with boys/girls all the time about things that happen in their home. Tell me about that so I can understand what happened there.

Then structure the questions based on the child's response.

Specific questions about drugs should be asked of all children when they discuss the topic:

- a. Tell me what they look like (specific to each drug).
- b. Tell me how they are used (specific to each drug).
- c. How are they made?
- d. Where do they get the stuff to make them?
- e. How are they given to people?
- f. What kinds of things do you have to do?
- g. Who cleans up the area where the cooking” is done? (If a child has described cooking)
- h. What special things are used with the drugs? Tell me about that.
- i. Who have you seen making “stuff?” Tell me about that.
- j. Have you seen drugs on movies or books? How is that different than what you have told me about?

III. Household Information

Draw for me a picture of the rooms in your house. (Label as per child’s description). Use the picture as a frame of reference for the child to ask the following questions:

A. Physical Layout

- a. Where do you sleep in the house?
- b. Where does everyone else sleep?
- c. Show me any places in the house that are kept locked. Tell me about how come these are locked.
- d. Show me any places in the house where special things are kept locked. Tell me about that.

B. Rules

- a. Are there any places in the house that you can not go into? Tell me about that?
- b. Have your (mom/dad) said anything to you about if the police come? Tell me about that.
- c. Are there any things in the house that you can not touch? Tell me about that.
- d. Are there special ways for you to go in or out of the house? For other people?
- e. What happens to you if you do something you're not supposed to do?

C. Traffic

- a. Tell me about who visits your house.
- b. Tell me about what kinds of things people who visit your house do.
- c. Tell me about the time of day that most people visit your house.
- d. Do you know the names of some of the people?

D. Sensory Information

- a. Does anything smell funny in your house? Tell me about that.
- b. When you are sleeping, does anything wake you up at night? Tell me about that.
- c. Have you touched anything in your house that made you sick? Tell me about that.
- d. Has anyone told you not to touch something in the house? Tell me about that.

E. Weapons

- a. Does your family keep guns in the house? Tell me about that.

F. Eating

- a. From the morning when you get up until you go to bed, tell me about what you eat on most days.
- b. Who makes food for you in your house? Tell me about that.
- c. Do you get any special food/drinks if you are especially good? If you misbehave?

G. School & Friends

- a. Tell me about school.
- b. Who wakes you up for school?
- c. How do you get to school?
- d. Do friends get to stay over? What do you and your friends do?

IV. Neutral Closure

“I’ve been asking so many questions, is there anything you want to ask me? Tell me about what you are doing later this (afternoon, evening, etc...). Thank you for talking with me.”

Attachment B
**PROPOSED INTERVIEW QUESTIONS
FOR CHILDREN FOUND AT METH LABS**

Preliminary Matters

1. Use child's first name.
2. If possible, gather information from others involved before the interview.
3. Do not conduct interview if child is hungry, sleepy, or otherwise distracted.
4. Do not rush the interview; 1.5 hours is maximum time before child may be overtaxed.
5. Do not keep child waiting as anxiety will increase.
6. A victim-witness advocate can accompany the child to provide support and act as a witness, but a single interviewer should be used.
7. Position yourself at eye level, and give the child choices about where to sit.
8. Use clear easy-to-understand words.
9. Tell the child when you are changing topics or shifting among past, present, and future tenses.
10. Never threaten or try to force a child to talk or continue an interview.
11. Explain that the child should not try to answer a question he/she does not understand or guess at answers.
12. If child appears fearful, ask whether he/she is scared to tell you something and what it is that frightens him/her.

Orientation and Child's Competency

1. Greet and briefly explain who you are and why you need to talk to them in terms they can understand.
2. Explain to the child that they are not in "trouble," and that they are not to blame for anything that has happened.
3. Explain that they can ask questions of you at any time.
4. Explain the importance of honesty and telling you everything that he/she knows. Determine that the child knows the difference between the truth and a lie. (i.e., if I said it was raining in this room right now, would that be a lie or the truth?)
5. Explain that they can tell you any secrets if they are true.
6. Do not promise things you cannot deliver.
7. Ask comfortable, age appropriate, easy to answer initial questions:
 - A. How old are you?
 - B. What is your birthday?
 - C. What school do you go to? What grade are you in?
 - D. What's your teacher's name?
 - E. What's your favorite subject in school?
 - F. What are the names of people in your family?
 - G. What are the names of your pets?

- H. What are the names of your friends?
 - I. What are your favorite games/toys?
 - J. What are your favorite movies/TV shows?
8. Sharing personal information to which the child can relate (i.e., your dog's name, relationship with children, school experiences, etc.) can help establish rapport.
9. Ask age appropriate questions designed to assess the child's developmental level:
- A. Can you read and write?
 - B. How high can you count?
 - C. Can you say your ABC's?
 - D. Can you tell time?
 - E. Can you tell me what color this is?
 - F. Can you tell me about your favorite TV character?
 - G. Can you tell me about your last birthday?
 - H. What did you have for breakfast yesterday?
 - I. How much is a quarter worth? (or other money values)
 - J. Do you have chores around your house (i.e.: make bed, feed pets)?
 - K. Are you allowed to go around your neighborhood alone?
 - L. Do you make dinner for yourself or your family?
10. Determine whether the child understands the concepts of before and after. (i.e.: Does breakfast come after lunch?)
11. Determine whether the child understands the concepts of over, under, next to, inside using concrete examples.

Potential Child Abuse Independent of Meth Lab Exposure

A. School/Hygiene

- 1. Do you go to school every day?
- 2. Do you take a bath/shower every day?
- 3. Do you wear clean clothes everyday?

B. Eating

- 1. Who feeds you breakfast? (other meals)
- 2. What do you eat for breakfast? (other meals)
- 3. Who else eats with you?
- 4. Where do you eat?
- 5. Who makes your meals?
- 6. How often do you eat?
- 7. Does the food you eat (or drinks) ever taste funny?

C. Home Alone/Sleeping

1. Do you stay home alone? (If so, for how long? If so, who would you go to if you needed something?)
2. Where do you sleep?
3. Does anyone else sleep with you?

D. Law Enforcement Search/Raid

1. Remember when a police or the DCF worker came to your house?
2. Do you know why they were there?
3. What were you doing when they first got there?
4. What was everyone else doing? (Before and during)
5. What did people say?
6. Where were you when they got there?
7. Did you smell anything before they got there? (Is it something you smelled before?) (Describe the smell)
8. Did you see anyone in the (suspected lab area)? (Who, when, what were they doing?)
9. What did you see in the (suspected lab area)?

Physical/Emotional

1. How do you feel now?
2. Have you felt sick recently? (Describe - headaches, stomach ache, hard to breathe, eyes burn, feel weak, coughing.)
3. Did you tell anyone you were sick?
4. Does anything about the house make you feel sick?
5. How do you feel about the police/DCF worker being there?
6. Are/were you angry with anyone? (Who, why, when?)
7. Are/were you sad with anyone? (Who, why, when?)
8. Is there anything you want to tell me good or bad about living there?

Attachment C



HIGHLANDS COUNTY HAZARDOUS MATERIALS RESPONSE STANDARD OPERATING GUIDELINES

SOG #4

SUBJECT: Site Safety and Health Program for Incidents Involving Hazardous Materials

PURPOSE: The purpose of this Standard Operating Procedure (SOP) is to outline the MINIMUM safety and health policies and procedures to be utilized at incidents involving hazardous materials. These incidents are defined as those involving materials or products, which, by their chemical and physical characteristics represent a physical, health, biological or radiological hazard to operating personnel.

As a point of clarification, and for the purpose of this policy, flammable or combustible liquids and flammable gases are specifically covered by this policy as was the intent of the Federal Occupational Safety and Health Administration during the development of 29 CFR 1910.120 "Hazardous Waste Operations and Emergency Response", herein referred to as "HAZWOPER".

BACKGROUND

This policy is intended to comply with Federal EPA 40 CFR 311, 29 CFR 1910.120 "HAZWOPER", and as recommended by National Fire Protection Association in their consensus Standard 471, "Recommended Practice for Responding to Hazardous Materials Incidents".

POLICY STATEMENT

Effective immediately, with the issued date of this Standard Operating Guideline (SOG), the following activities shall be instituted at all incidents involving hazardous materials. Such activities are designed to comply with applicable federal safety regulations and, to the extent possible, insure the safety and health of personnel during such operations.

ENGINE COMPANY OPERATIONS

- Command - The senior ranking fire officer on-scene shall assume command of all incidents involving hazardous materials, and function as the Incident Commander

(IC) until relieved, as outlined in Incident Command Procedures (See Appendix “B”).

- Control Zones - Control zones shall be established in accordance with Hazardous Materials Response SOG #6: Engine Company Response to Hazardous Materials Incidents, as recommended in the U.S. Department of Transportation’s (DOT) Emergency Response Guidebook (ERG) for the material involved. If the material cannot be identified, the IC will use Guide 111.
- Initial Safety Plan - The Incident Commander (IC) shall advise all emergency response personnel of the appropriate DOT ERG Guide Page number to utilize. This Guide Page shall constitute the “Initial Site Safety Plan” for the incipient stages of the incident and shall be reviewed by all personnel prior to operating at the incident.
- Safety Officer - During the beginning stages of a hazardous materials emergency and, prior to the arrival of additional resources, the IC shall further serve as the site Safety Officer. In this respect, the IC shall ensure implementation of the Initial Site Safety Plan.
- Should the IC or Safety Officer observe conditions which place response personnel in immediate danger, the IC or Safety Officer shall immediately suspend or terminate the operations until the safety hazards are corrected.
- The IC shall, upon knowledge that a hazardous material is involved, request the immediate dispatch of Emergency Management and the Hazardous Materials Response Team and other resources deemed necessary for the safe and effective management of the incident.
- Personnel Training - Only those personnel who have been trained to the level of First Responder Operational, as defined by NFPA consensus Standard 472-3, Professional Competence of Responders to Hazardous Materials Incidents, shall be permitted to operate in a capacity which would subject that person to a potential exposure to a hazardous material, and then, such operations shall be defensive in nature while avoiding direct contact with the product (exception – LPG leak).
- Hazard / Risk Assessment - The officer in charge shall, by all reasonable means available, attempt to identify the material(s) involved, and reference the material(s) in the U.S. D.O.T. Emergency Response Guidebook.

AT NO TIME SHALL PERSONNEL BE COMMITTED TO A HAZARDOUS ATMOSPHERE (OF ANY NATURE) WITHOUT APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT AND TRAINING.

The minimum acceptable personnel protection for initial actions at a hazardous materials incident is that which is recommended by the D.O.T. Emergency Response Guidebook.

Personnel meeting the training requirements of the First Responder Operational Level, as outlined above, may engage in the following defensive control activities:

1. Isolation of the hazardous area.
2. Rescue and Evacuation of injured and endangered persons.
3. Defensive product control measures such as damming, diking and retention of products.
4. Fire control operations without chemical exposure.
5. Support operations.
6. Offensive control measures for 20lb or smaller PROPANE containers. EXCEPT when such actions involve the movement of a “critical” container. For the purposes of this policy, a “critical” container is defined as any pressurized container which has sustained any of the following:
 - (a) Severe dents,
 - (b) Scores or gouges which cross a weld bead and are deep enough to involve the base metal, or
 - (c) The container is damaged by other than superficial rust.

Persons meeting the First Responder Operational training requirement are NOT permitted to engage in the following:

1. Direct contact with hazardous materials.
2. Entries requiring Specialized Protective Clothing.
3. OFFENSIVE LEAK CONTROL procedures on products other than 20lb or smaller containers holding PROPANE.

HAZARDOUS MATERIALS RESPONSE TEAM OPERATIONS

- Command Structure - As an incident progresses, so shall the incident command structure. The senior fire official on scene shall assume Command of the incident and the command structure shall be developed in accordance with Incident Command Procedures (See Appendix “B”).
- Group - Within the incident command system, the Hazardous Materials Response Team Structure shall be established in accordance with Standard Operating Guideline #5 – ICS – Hazardous Materials Incidents (See Appendix “A”). The Haz - Mat Team shall assume authority for all operations within the Hot and Warm zones. The Haz-Mat Team Commander shall be the senior ranking Hazardous Materials Team member on the scene.
- Safety Officer - Within the Haz-Mat Team a Haz-Mat Safety Officer shall be designated. This Safety Officer shall observe all operations within the Hot and Warm Zones and shall have the full authority to suspend any operations if the immediate safety and health of personnel are endangered. Such termination of activities shall require the immediate notification of the IC.

- Hazard Risk Assessment - The Hazardous Materials Team shall perform a site specific Hazard/Risk Assessment in accordance with available resources and information. Product, container, topography, and environment shall be considered.
- Site Safety Plan - A written Site Specific Safety Plan shall be developed and enforced by the Team Safety Officer. It shall be the responsibility of the Safety Officer to ensure that all personnel have reviewed the plan prior to entry into the hazardous atmosphere. This plan shall include the following:
 1. Site description and physical hazards.
 2. Materials involved, routes of exposure and signs and symptoms of over-exposure.
 3. Required personal protective equipment for the specific task to be performed.
 4. Required medical and environmental monitoring.
 5. Radio communication frequency designation for intervention team and support operations.
 6. Entry objectives.
 7. Emergency procedures.
- Control Zones - Control zones shall be established based upon information obtained through the hazard/risk assessment.
- Communications Procedures - Entry team operations shall operate on a radio frequency free of all other radio communications.
- Emergency Medical Care - A medical treatment area shall be established on the exit (cold) side of the decontamination and dress out areas. This area shall be manned with Advanced Life Support personnel and an Advanced Life Support unit with transport capabilities during all operations.
- Entry Objectives - Objectives for each site entry shall be developed and included in the Site Safety Plan. It is the duty of the Safety Officer to ensure all Entry/back-up Team members are informed of the objectives of their operation.
- Emergency Evacuation Signal – Repeated short blasts of an air horn and/or a verbal radio statement of “ON SITE EMERGENCY” should designate an On Site Emergency. The order to activate this signal shall be issued only by the Safety Officer, Team Commander, the IC’s Command Staff Safety Officer (if applicable) or the IC.

The emergency evacuation signal shall be ordered in any cases of injury to Entry Team personnel while operating in the Hot Zone or, in any situations where an immediate threat to the safety or health of operating personnel is deemed to exist. Upon hearing the emergency evacuation signal the following shall occur:

1. Entry Teams shall immediately exit the Hot Zone and proceed directly to the decontamination area.
2. Medical treatment personnel shall report to the treatment area.
3. Command personnel shall report to the command post.
4. Radio silence shall be instituted and frequencies cleared to allow command and emergency communications.

The radio silence shall remain in effect until lifted by the Team Commander. The decision to lift the radio silence shall be based upon the recommendations of the Team Safety Officer.

SITE SPECIFIC SAFETY PLAN

The Safety Officer shall institute the attached Site Specific Safety Plan for all incidents involving offensive control procedures or hot zone entries utilizing chemical protective clothing.

The contents of this plan shall be made available to all personnel operating at the scene prior to initiating site entry.

The Safety Plan shall be reviewed and revised by the Safety Officer as necessary.



HIGHLANDS COUNTY

HAZARDOUS MATERIALS RESPONSE

STANDARD OPERATING GUIDELINES

SOG #5

SUBJECT: ICS – Hazardous Materials Incidents

PURPOSE: An Incident Command System will be implemented at all incidents involving hazardous materials (See Appendix “B”). Within this ICS, the Highlands County Hazardous Materials Response Team will function under its own Incident Management System (See Appendix “A”). This SOG establishes minimum personnel assignments for this system. Each of the following positions is classified as to whether the position is mandatory (as required by state or federal law) or optional (depending upon incident magnitude).

The Incident Commander will ensure that there is an “uncommitted” rescue crew available on scene until the incident is stabilized. The rescue crew will not be released until the Team Commander notifies the IC that they can be released.

TEAM COMMANDER (MANDATORY)

Radio designation for this position shall be “Command”.

Safe operations at the scene of a hazardous materials incident are of utmost importance. Establishing a strong, visible Incident Command System will ensure thorough, reliable, and efficient control of hazardous materials operations. All personnel operating in the hot and warm zones will be under the direction and control of the Team Commander. Decisions made by the Team Commander will not be overridden or countermanded by the overall incident IC or Operations Chief. This includes, but is not limited to, personal protective equipment to be used and worn, tasks to be performed, procedures employed, etc. The intent of this statement is not to prohibit the IC or his Safety Officer from issuing an order to withdraw from an area or stop unsafe activities.

Team Commander Responsibilities:

- Ensures the development of Control Zones (See Appendix “C”) and access control points and the placement of appropriate control lines.

- All Team communications will be coordinated and controlled through the Team Commander.
- Determines if the incident can be mitigated with local resources, and if not, places all civilian and response personnel at minimal risk while directing a defensive operation until mutual aid resources arrive.
- Ensures the least number of personnel will enter the Hot Zone. All operations in the Hot Zone will be performed using the “buddy system”, specifically a minimum of two entry personnel with two back-up personnel in appropriate PPE.
- Evaluates and recommends public protection options to Incident Command.
- Ensures that site monitoring is accomplished.
- Designates a Safety Officer to ensure that a Site Safety Plan is developed and implemented and that safe operational procedures are followed.
- Designates a Decon Officer and ensures appropriate decontamination can be accomplished prior to any entry into the Hot Zone.
- Ensures that proper Chemical Protective Clothing is selected and used.
- Ensures that the appropriate agencies are notified through Incident Command.
- Ensures a dedicated EMS unit with ALS capabilities is standing by with the capability to transport injured personnel to an appropriate medical facility. Also ensures medical evaluation of all entry and back-up personnel is performed prior to and after entry into the Hot Zone.
- Conducts periodic meetings with the IC in order to coordinate Team activities and develops a specific Incident Action Plan (IAP).
- Conducts periodic meetings with designated Team Officers to relay necessary information and to develop a plan of action.

TEAM SAFETY OFFICER (MANDATORY)

Radio designation for this position shall be “Safety”.

Safety reports directly to the Team Commander and is responsible for evaluating all Team operations for safety. Safety has the authority to suspend or terminate any and all

activities in the Hot and Warm Zones, which are deemed to present a significant and imminent risk to the safety of the personnel operating in that area. Safety shall also make recommendations to the Team Commander concerning the safety of civilians and personnel, in other Divisions/Teams, as related to the hazards that are encountered.

Safety Responsibilities:

- Will be located in a position to observe all operations being conducted by the Team and assesses for operational safety.
- Assesses the establishment and locations of control zones and entry/exit corridors for operational safety.
- Observes for changes in the incident magnitude, which may endanger operating personnel and acts accordingly.
- Ensures that an emergency evacuation signal has been designated and that all personnel are advised of the description of that signal and necessary emergency procedures.
- Ensures that all personnel have been briefed in the possible signs and symptoms of over exposure prior to entry.
- Ensures that decontamination and medical treatment units/areas have been established prior to entry.
- Participates in planning and decision making operations with the Team Commander.
- Monitors Entry/exit log to insure that intervention team members comply with entry time limits.
- Consults with medical authorities concerning recommended post-incident medical requirements.

OPERATIONS OFFICER (As determined by Team Commander)

Radio designation for this position will be “Operations”.

In the absence of an Operations Officer, the Team Commander shall assume the role and responsibilities of the Operations Officer.

The Operations Officer reports directly to the Team Commander and oversees all operations relating to the entry of personnel into the Hot Zone.

Operations Officer Responsibilities:

- Ensures the establishment of an Entry/Exit corridor and maintains security of the same. Maintains Entry/Exit log for all personnel operating within the Hot Zone.
- Consults with Research Officer in determining the appropriate level of protection and chemical compatibility of the protective clothing.
- Ensures the delivery of necessary supplies to the dress out area.
- Assists with the dress out of Entry and Back-up Personnel.
- Supervises the Entry/back-up Personnel and dress out assistants as assigned by the Team Commander.
- Coordinates with the Medical Officer to insure that pre-entry and post-entry medical evaluations are completed for all Entry/back-up Personnel.
- Provides pre-entry briefing of all Entry/back-up Personnel and outlines to them the following:
 - Hazardous properties of the material(s) involved
 - Signs and symptoms of over-exposure
 - Emergency evacuation signal and emergency procedures
 - Areas of refuge
 - Hot zone exit and decontamination location
 - Medical treatment area location and procedures
 - Tasks to be performed
- Participates in planning and decision making operations with the Team Commander.
- Maintains radio/verbal communications with Entry Personnel operating within the Hot Zone.
- Monitors radio communications during entry and ensures emergency back-up team is on ready standby at all times during entry.
- Coordinates with the Decontamination Officer concerning the exit and decontamination of Entry/back-up Personnel.

DECONTAMINATION OFFICER (MANDATORY)

Radio designation for this position is “Decon”.

The Decontamination Officer reports to the Team Operations Officer and oversees all operations for the decontamination of personnel, patients, and equipment.

Decontamination Officer Responsibilities:

- Insures the establishment of AT LEAST a gross emergency decontamination center prior to the “On Air” status of Entry/back-up Personnel. Prior to entry, decontamination procedures shall have been developed, communicated and implemented to handle contaminated personnel.
- Consults with Research Officer to determine the best method of decontamination of protective equipment and personnel.
- Consults with the Research Officer to obtain recommendations concerning the best method of decontamination of human skin.
- Supervises those persons assigned to decontamination duties to ensure the proper establishment of the decon line, safe decon operations, and ensures that appropriate personal protective equipment is worn in the decontamination area.
- Supervises the decontamination of personnel, patients, and equipment exiting the hot zone.
- Insures that all contaminated equipment is isolated within the appropriate areas.
- Ensures that run-off from decontamination is controlled to prevent extension.
- Performs post-incident activities necessary to ensure the proper decontamination of equipment prior to its return to service.

RESEARCH OFFICER (As determined by the Team Commander)

Radio designation for this position is “Research”.

The Research Officer reports to the Team Commander. Information generated in this area/unit will be made available to the Team Commander and all Team Officers.

Research Officer Responsibilities:

- Perform detailed hazard and risk assessments using available references.
 - As far as possible, determine the chemical and common name of all materials involved in the incident.

- Identifies whether each material is flammable, toxic, reactive or radioactive.
 - Identifies each material's D.O.T. class, CAS & U.N. number.
 - Secures Hazardous Materials Data Sheet for each material involved.
 - Researches possible hazardous reactions of the materials.
 - Identifies manufacturers of the materials and, if necessary, contacts them for additional information.
 - Determines LEL, TLV, IDLH and Route of Exposures for all materials involved.
 - Determines health effects of materials as well as signs and symptoms of over-exposure and relays this information to the Medical Officer.
 - Determines appropriate decontamination procedures and relays this information to the Decontamination Officer.
 - Determines the required protective clothing and chemical compatibilities of clothing materials and relays this information to the Operations Officer.
- Calculates plume dispersion model using available means.
 - Determines necessary monitoring procedures and informs Operations Officer.
 - Performs or supervises the performance of field chemical analysis of unknown materials.

MEDICAL OFFICER (MANDATORY)

Radio designation for this position is "Medical".

The Medical Officer is responsible for the medical evaluation and monitoring of personnel operating in the Team, as well as treating response personnel exposed to products on the incident. Medical evaluation and monitoring of personnel is required anytime responders are operating in a hazardous atmosphere. This medical area is for emergency responders only – not the treatment of the general public. Another medical treatment area will be established with a separate EMS unit if civilians are to be treated outside of a medical facility.

The Medical Officer shall work in close cooperation with Safety, Operations, and Decontamination Officers to insure the health and safety of all personnel.

Medical Officer Responsibilities:

- Establish a treatment area in a location on the clean/cold side of the decontamination area prior to the "On Air" status of Entry/back-up Personnel.

- Shall consult with the Research Officer and Medical Director concerning the possible health effects of the materials involved.
- Provides for the establishment of baseline vital signs of all Entry/back-up Personnel prior to entry and again after decontamination and maintain a written Medical/Exposure Log for each individual, including:
 - Cardiovascular System
 - Pulse
 - B/P
 - Skin Tone
 - Pulmonary System
 - Lung Sounds
 - Central Nervous System
 - Level of Consciousness
 - Reflexes
 - Sensation
 - Heat Stress
- Assesses all members for the signs and symptoms of exposure to the materials involved and heat stress.
- Insures fluid intake by operating personnel before and after intervention.
- Treats injuries or illnesses of emergency response personnel in accordance with County EMS protocols and Medical Director's orders.
- Arranges for the transportation of injured personnel to a receiving hospital while maintaining the operational capabilities of the Medical Area.
- Consults with the Decontamination Officer concerning the best available method for the decontamination of human skin and patients.
- Ensures that EMS personnel who are engaged in the treatment of contaminated patients are properly trained and protected.
- Prevents or limits the spread of contaminants to ambulances or receiving hospitals.
- Advises the receiving hospital of any need for additional decontamination of patients.
- Attends planning and decision making meetings as conducted by the Team Commander.
- Consults with Safety Officer concerning medical implications.



HIGHLANDS COUNTY

HAZARDOUS MATERIALS RESPONSE

STANDARD OPERATING GUIDELINES

SOG #8

SUBJECT: Potential Release of WMD Material from a Device or a Suspicious Substance – With or Without a Threat

PURPOSE: To ensure that all members are aware of the proper procedures to follow during these incidents. This guideline was developed to provide considerations that Highlands County feels should be addressed when responding to actual or potential WMD incidents. It is understood that no two incidents will be exactly alike, and this guideline is not intended to be a universal protocol that will suppress taking actions necessary in unique incidents. It does provide a framework for organizing thought processes that will allow the Incident Commander to consider anticipated aspects of an incident that Highlands County feels are important. If you have any doubt as to the appropriate actions that should be followed, contact Dispatch and they will notify Emergency Management for assistance.

DEPARTMENTAL OPERATING PROCEDURES

- Follow Protocols for a Hazardous Materials Incident or Suspicious Packages SOP (See Appendix “F”).
- Highlands County Fire/EMS and the Highlands County Sheriff’s Office shall form a unified Command Structure for the incident (See Appendix “B”).
- Notify Highlands County Emergency Management.
- The Hazardous Materials Response Team will provide assistance based upon the risk assessment.
- Evacuation of affected areas and decontamination procedures should be selected on the basis of the incident and risk assessment.
- Control and/or isolate the hazard. Control the ventilation system.
- Evaluate the extent of contamination.

FIRST ARRIVING UNITS RESPONSIBILITIES

- Upon response, review and follow Suspicious Package SOP (See Appendix “F”) or follow Guide #158 in the DOT Emergency Response Guidebook.
- Upon arrival, position the apparatus to the best advantage for observation of the incident scene.
- Speak with the owner, manager, or other individuals in charge and ascertain the location of the contaminant and location and number of possible victims.
 - Depending upon the location of the contaminant, it MAY NOT be necessary to contain all persons on the site (observation or questioning of persons who may be exiting the suspect area is the key to determining the need for containment).
 - Notify Emergency Management as necessary.
- Maintain a position of control and await arrival of the Hazardous Materials Response Team.
- Provide medical attention for patients as necessary following agency Protocols.

HAZARDOUS MATERIALS RESPONSE TEAM FUNCTIONS

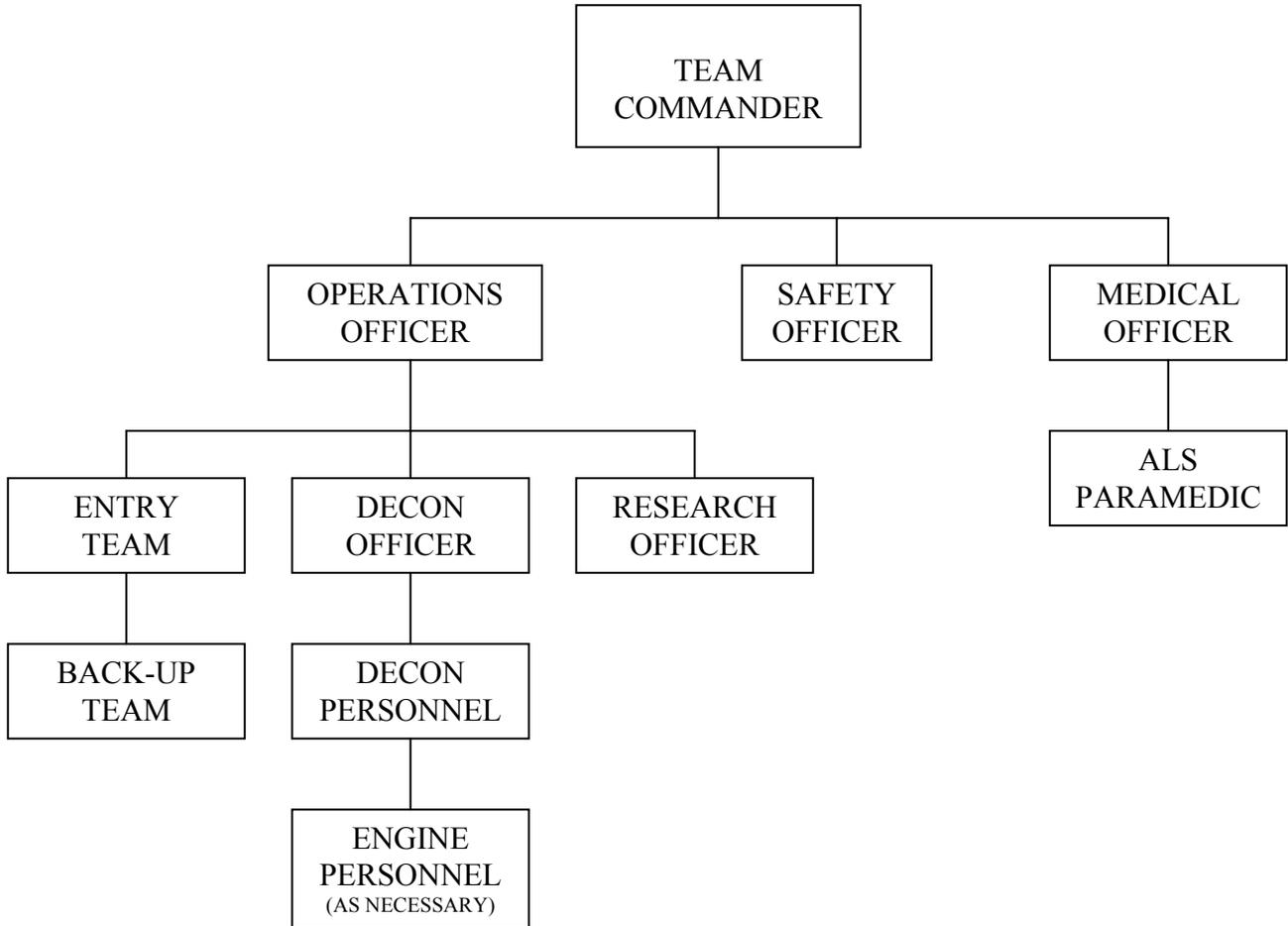
- The Hazardous Materials Response Team will be paged out and rendezvous at response vehicle. Depending on the nature of the call, the team will leave when sufficient personnel arrive at the Station, and will respond in the apparatus as a team. The minimum number of personnel responding on a basic suspicious package incident will be 5 members. These members will assume the roles of IC/safety officer, two entry team members, and two back-up team members. Decontamination can be done by the suited team members in this type incident if deemed appropriate. If, upon arrival, it is determined that a full compliment of team members is necessary to ensure safe operations, a defensive posture will be maintained until sufficient personnel arrive. If it is determined that the incident is beyond the capabilities of the Hazardous Materials Response Team, a defensive posture will be maintained while awaiting the arrival of mutual aid.
- Consider scene isolation and evacuation of surrounding areas as needed if not initiated upon arrival.
- Determine, establish, and enforce Hot, Warm, and Cold Zones.
- Gather information and formulate plan. Ensure complete research has been completed. Reduce the plan to writing and review with all team members.

- Conduct pre-entry medical evaluation. No operations will be initiated without dedicated EMS crew on the scene.
- The Hazardous Materials Response Team will be responsible for securing the suspect material and decontamination procedures.
- The suspect item(s) or material should be placed in a zip-lock bag and then placed in a second zip-lock bag.
 - The zip-lock bag, or containment bag, shall be decontaminated using the 0.5% hypochlorite solution (1 part household bleach and 9 parts water) that has been prepared for the equipment and surface decontamination process.
- Decontamination is indicated for any obviously contaminated surface or person as well as anyone who indicated they have had contact with a suspect material.
 - Use proper personal protective equipment (PPE). PPE selection should be based upon hazard/risk assessment. For suspected chemical agent, PPE should be selected based upon scene observations, patient symptoms, and monitoring devices.
- Use damp paper towels to remove any remaining product that spilled onto surfaces. In addition, a 0.5% hypochlorite solution can be used to clean surfaces, if threat level warrants. Place these cleaning materials in a biohazard or similar bag.
- Deny occupancy to building until definitive laboratory results are obtained.
- Qualified contractors will conduct further decontamination if laboratory test indicates the need.
- Complete and sign a Chain of Custody Form provided by Law Enforcement.
- Contact Emergency Management through Highlands County 9-1-1 Dispatch if not already on the scene.
- If you need to contact the Highlands County Health Department, notify Emergency Management for contact coordination.

APPENDIX “A”

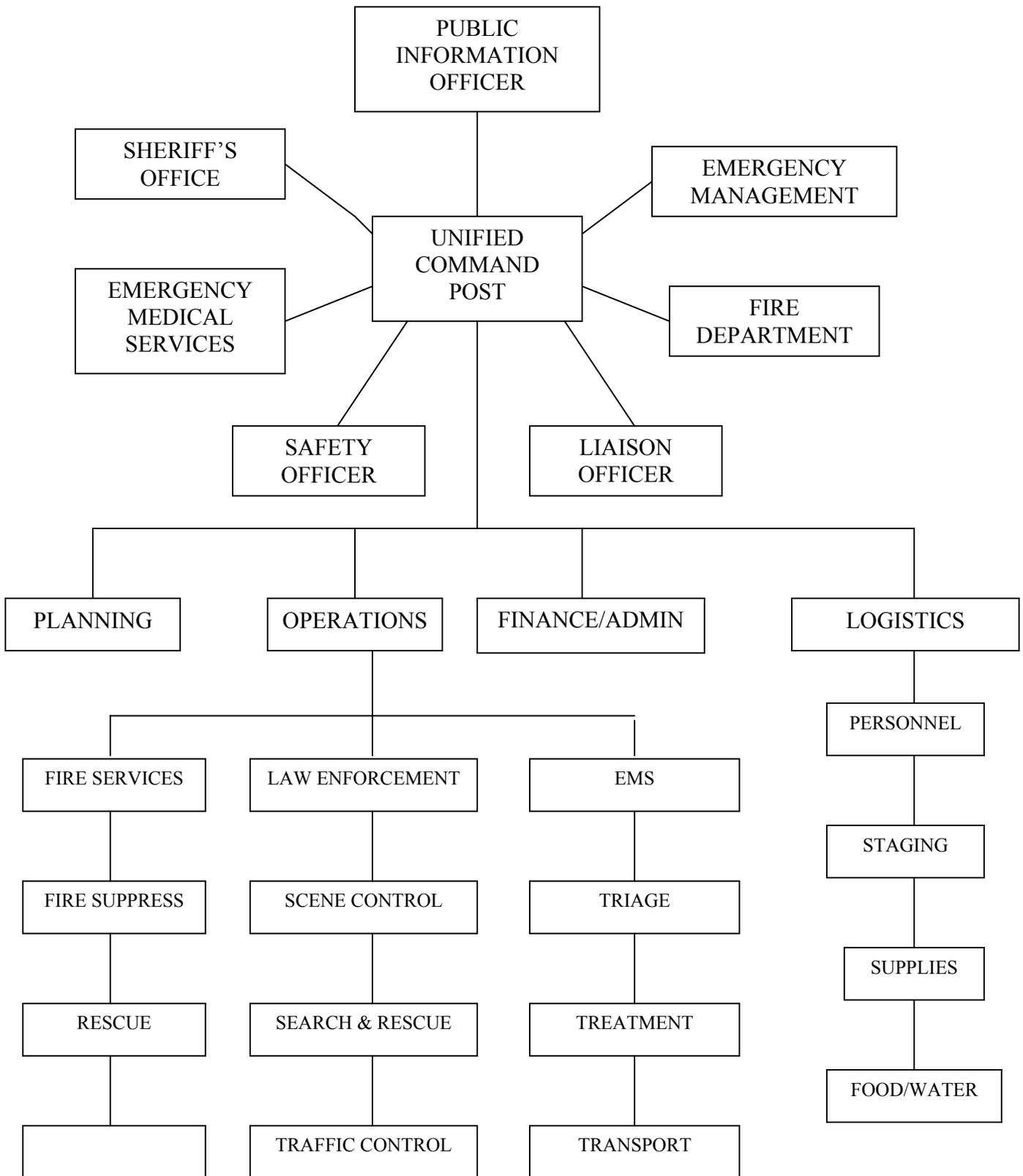
HAZARDOUS MATERIALS RESPONSE TEAM SOP'S

ORGANIZATIONAL STRUCTURE



ATTACHMENT "B"

**HIGHLANDS COUNTY EMERGENCY RESPONSE
INCIDENT COMMAND**



APPENDIX "C"

HAZARDOUS MATERIALS RESPONSE TEAM SOP'S

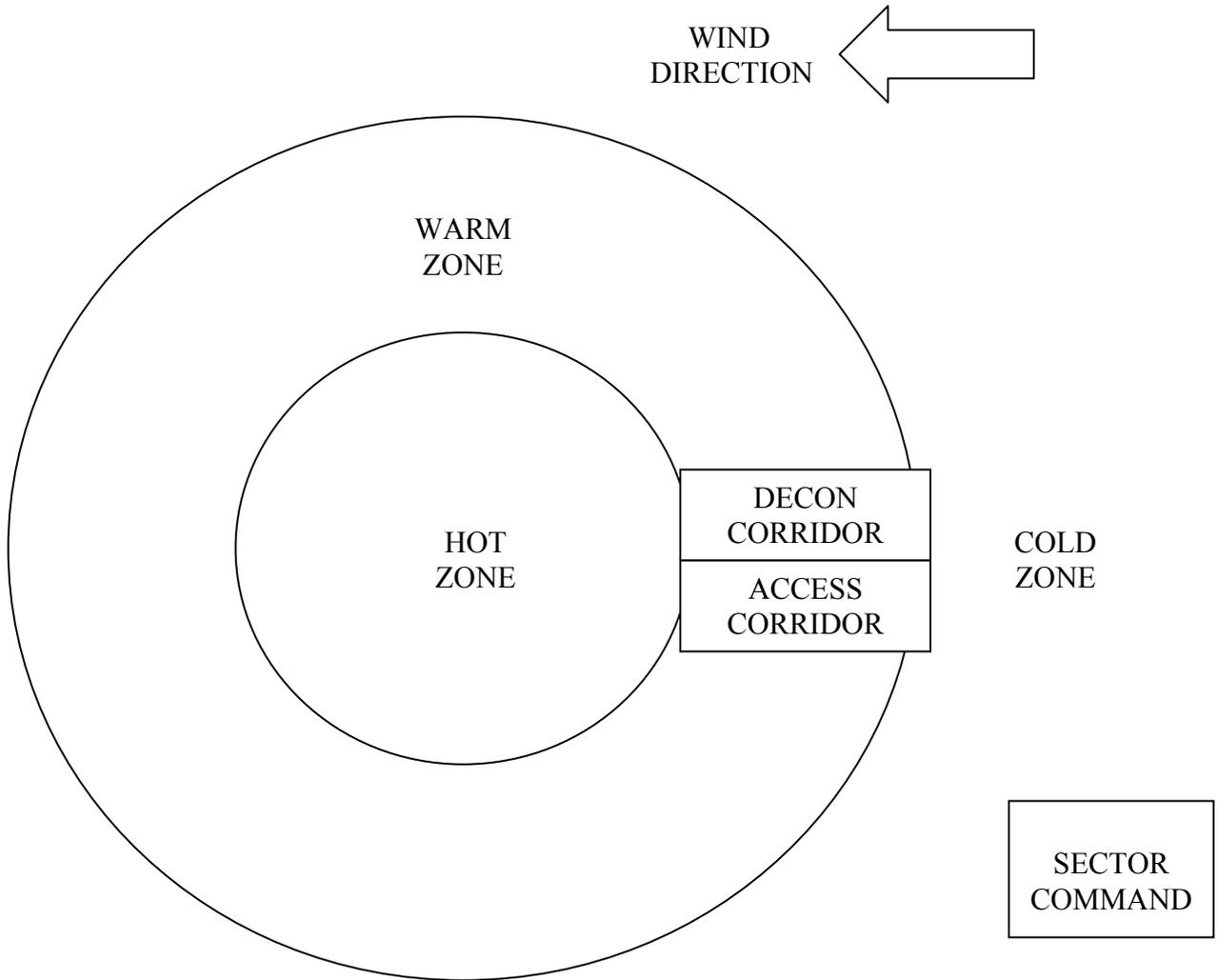


DIAGRAM OF CONTROL ZONES AS ESTABLISHED BY HAZARDOUS MATERIALS RESPONSE TEAM COMMANDER