



NH Department of Health & Human Services
Division for Children, Youth & Families

DCYF Standard Operating Procedure

1105.3 CLANDESTINE DRUG LABS AND HAZARDOUS SUBSTANCES

Policy Directive: **21-36**

Effective Date: **June 2021**

Implements Policy: **1105**

Approved:

Joseph E. Ribsam, Jr., DCYF Director

This SOP defines how DCYF staff should respond to clandestine drug labs and hazardous substances.

Procedure

The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

- I. Clandestine drug labs are considered hazardous waste sites and must only be entered by trained and equipped personnel.
- II. If there are concerns for a clandestine drug lab or other hazardous substances prior to making contact, staff will consult with their Supervisor and law enforcement to determine the best course of action.
- III. If staff suspect the presence of a clandestine drug lab, observe materials commonly used in the manufacturing of methamphetamine, or note other hazardous materials after entering a location, they are to leave the area immediately. It is essential that they:
 - A. Do not touch any surface, chemical, or anyone present;
 - B. Do not smell or sniff any chemical, substance, or container;
 - C. Do not smoke or produce an electrical spark; and
 - D. Do not turn on or off light switches, use a cell phone, or connect electrical devices.
- IV. Upon leaving the building, staff are to seek a safe location, call 911, and provide the following information:
 - A. The staff's name and role within DCYF;
 - B. What was observed that indicated the presence of a clandestine drug lab;
 - C. The number of children and adults present; and
 - D. Any additional information as requested by the 911 Operator.

- V. Staff are prohibited from re-entering the location until it has been cleared by the responding agencies and they have the approval of the Supervisor.
- VI. Staff will call their Supervisor to report the incident as soon as the call with 911 has ended.
- VII. The Supervisor will:
 - A. Determine what support is needed by the staff member;
 - B. Determine what support will be provided to law enforcement or other responding agencies to ensure the safety of children present;
 - C. Notify the Field Administrator; and
 - D. Notify Central Intake as appropriate.
- VIII. Following the incident, staff will document the incident in the DCYF electronic information system and complete the appropriate forms as requested.
- IX. The Supervisor will debrief the staff member by the end of the staff's business day, or as soon as possible if the staff member is not available that day.
- X. Staff will be encouraged to consult with the Safety Culture Specialist for additional support.
- XI. Staff will cooperate with any ensuing investigation or prosecution.
- XII. The Supervisor directs the staff member (if available) to complete the appropriate forms as indicated in policy 1099 Critical Incident Reporting-Case Specific within 24 hours of the incident.
 - A. If the staff member is unable to complete the form(s), the Supervisor will do so with the information available to them at the time.
- XIII. The Supervisor reviews the form(s) (with the employee if they are available) for necessary detail and forwards them to the appropriate individuals as outlined in policy 1099 Critical Incident Reporting-Case Specific.

Frequently Asked Questions

Q1. What are some of the signs or evidence of clandestine drug lab operations?

- A** Exterior and interior indicators can include, but are not limited to:
 - i. Unusually strong odors, like cat urine, ether, ammonia, acetone, or solvents;
 - ii. Residences with the windows blacked out;

- iii. Excessive trash build-up, including antifreeze containers, lantern fuel cans, red chemically stained coffee filters, drain cleaner, duct tape, and empty cold, flu, and asthma medication boxes or blister packs;
- iv. Unusual amounts of clear glass containers; and a collection of chemical bottles, hoses, and pressurized cylinders, such as modified propane tanks, fire extinguishers, scuba tanks, and soda dispensers; and
- v. Iodine or chemical stained bathroom or kitchen fixtures.

A The above list is not exhaustive but contains observations that may be signs of clandestine drug lab operations. Be mindful that some indicators may be indicative of concerns other than a clandestine drug lab operation dependent on the circumstances.

Q2. What are the potential health effects of exposure to a clandestine drug lab?

- A** Acute toxic exposure to the chemicals through inhalation, ingestion, or skin or eye absorption may include:
- i. Shortness of breath, cough, or chest pain;
 - ii. Dizziness or lack of coordination;
 - iii. Chemical irritation and burns to the skin, eyes, nose, and/or mouth;
 - iv. Headache, nausea, fatigue, lethargy; or
 - v. Acting aggressively or violently.
- A** Long-term exposure effects may include liver and kidney damage, neurological problems, brain damage, birth defects, miscarriages, and increased risk of cancer.

Glossary and Document Specific Definitions

A - B C - D E - F G - I J - L M - N O - Q R - S T - V W - Z

Document Change Log			
PD	Modification Made	Approved	Date