



# Joint Standard Operating Procedures for Children and Young Persons in Clandestine Laboratories

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## 1 PURPOSE

These operating procedures are the agreed working arrangements between Child, Youth and Family, the New Zealand Police and District Health Boards (DHB). They relate to any child or young person at risk from exposure to the illicit drug manufacturing process or an environment where volatile, toxic, or flammable chemicals have been used or stored for the purpose of manufacturing illicit drugs.

The procedures set out safe work practices and investigation techniques (where applicable) for each agency. The goals of each organisation can be achieved by working together collaboratively through joint planning and on-going consultation. Each agency is responsible for taking steps to ensure the wellbeing and best interests of the children and young persons are met and that the cultural needs of the children and young persons are identified and responded to.

These incidents are also encompassed in the scope of the Child Protection Protocol (CPP) under the definition of neglect. The CPP provides the overarching process for Police and Child, Youth and Family partnership in response to child abuse that may constitute a criminal offence.

## 2 CLANDESTINE LABORATORY - DEFINITION

A clandestine laboratory is an illicit operation that uses a combination of apparatus and chemicals that have been or could be used in the manufacture or synthesis of drugs, and/or controlled substances.

Laboratories may range from makeshift premises to highly sophisticated and scientifically advanced facilities. Equipment and materials used may range from common household items to purpose made glassware and equipment.

Although the risks can increase with active laboratory scenes, inactive, stored or partial laboratories can also pose significant health and safety risks for staff and the public. Criminals engaged in clandestine laboratory operations may range from novices with little or no experience in chemistry to fully qualified and trained chemists.

To date, clandestine laboratory operators have shown little regard for their own safety, the safety of others or the environment.

### 3 THE RISKS

The risks to personnel working at clandestine laboratory sites may be either chemical or physical in nature. They may be present at both active and inactive laboratory sites and, when combined with a lack of quality control and safe work practice by illicit operators, increase the potential for injury to Police, Social Workers, support personnel and the public. While the risks may be compounded when a clandestine laboratory is operating, inactive laboratories (including storage facilities, burnt laboratories and historic sites or vehicles) still pose significant risk.

#### 3.1 Chemical Hazards

Some chemical hazards may be inhaled, absorbed or ingested. This type of chemical hazard includes acids, bases, solvents, poison gas, organic peroxides, poisons, corrosives and any contaminated materials, contaminated waste, waste chemicals, contaminated debris (including soil or building materials), contaminated equipment / apparatus etc..., seized at the site of a clandestine laboratory.

Chemical hazards may also provide a danger of fire and explosion. This type of chemical hazard includes explosive gas, flammable gas, compressed gas, flammable liquids, flammable solids, spontaneously combustible substances and those dangerous on exposure to water or air.

#### 3.2 Physical Hazards

Physical hazards include armed and/or drug-affected suspects, explosives, potential booby traps, the risk of electric shock, unsafe building structures (including confined spaces and fire damaged buildings), slip/trip fall hazards, heat stress and cold stress.

#### 3.3 Risks (Child and Young Person)

As with adults, the risks to children and young persons exposed to clandestine laboratory sites are both physical and chemical in nature.

The age related behaviour of a child or young person increases the likelihood that they will inhale, absorb or ingest toxic chemicals, drugs or contaminated food. Higher metabolic and respiratory rates as well as developing organs and a developing central nervous system leave them particularly vulnerable to the effects of toxic chemical exposure.

Most people involved in the manufacture of methamphetamine are also drug users. Their behaviour is unpredictable and their reaction to Police entry may expose children and young persons to further risks such as:

- Fire and Explosions;
- Spilt chemicals;
- Firearms and other Weapons;
- Hostage situations involving children or young persons.

## 4 CHILDREN AND YOUNG PERSONS IN CLANDESTINE LABORATORIES POLICY - POLICE

### 4.1 Police Roles and Responsibilities

*(To be read in conjunction with NCLRT SOP's Chapter 9, The Operation & the Child Protection Protocol document)*

#### 4.1.1 Planned Termination

The overall responsibility for any child or young person found in a clandestine laboratory will fall to the O/C Investigation.

If a child or young person is believed to reside at the address of a suspected clandestine laboratory consideration must be given to waiting for them to be away from the address before execution of the search warrant.

Surveillance or other intelligence may identify when the child or young person is absent from the address. The delay may mean on-going exposure of the child or young person to the laboratory environment but this may be a preferable option to terminating with them present.

In cases where a search warrant is executed when a child or young person resides at the address, the O/C Investigation will arrange for a Place of Safety warrant (section 39 Children, Young Persons, and Their Families Act 1989) in respect of every child or young person.

Early consultation with the local Child Protection Team and Child, Youth and Family site will occur where practicable, followed by a report of concern on the POL350 labelled 'Child Protection Protocol (CPP) referral template'.

*Refer " CPP Referral" on page 40*

#### 4.1.2 Intelligence Gathering

The O/C Investigation will be responsible for carrying out all reasonable enquiries to establish if there are children or young persons at the target address and if so:

- The age and gender of the child or young person;
- If the child or young person resides at the address or is a visitor;
- The identity and details of the caregiver(s) and guardians;
- If custody orders exist;
- The pre-school or school attended;



- The hours of attendance.

#### 4.1.3 Planning Phase

If a child or young person will be present at a termination:

- Ambulance must be in attendance;
- Each child or young person will have assigned to them a member of the Initial Entry Team (Ratio: One officer per two children or young persons) who will be responsible for looking after the child or young person pending placement with Child, Youth and Family;
- A plan must be prepared for the child or young persons:
  - Decontamination;
  - Medical examinations;
  - Specialist Child Interview;
  - A 'Decontamination Kit for Children or Young Persons' is to be available for each child or young person identified. These kits are available from the NCLRT.

*Refer "5.4 Decontamination Kits for Child or Young Person" on page 11 for a list of the kit contents.*

The O/C Investigation will:

- Identify the statutory power required to remove the child or young person.
- Arrange for a Police Child Protection Officer and the local Child, Youth and Family site to be briefed on the case.

Specialist Child Interviews can provide compelling evidence and should be considered in each case. Arrange interview times as part of the planning process as delays can diminish both accuracy and dependability of the evidence.

#### 4.1.4 Immediate Action at the Scene

The O/C Investigation will co-ordinate the:

- Removal of the child or young person from the immediate scene;
- Assigning of an officer to look after and monitor the child or young person. This officer will make themselves known to the Social Worker when they arrive at the scene;
- Provision of age appropriate explanations to the child or young person about what is going to happen to them, i.e. the need to use special clothing;

- Assessment of the child or young person by ambulance staff for injury, illness or respiratory distress;
  - If a child or young person is in need of immediate medical attention this may take priority over decontamination requirements. The O/C Investigation must ensure that the medical facility is notified of the contamination issue prior to admission.
- Request for Child, Youth and Family attendance at the scene (if not already done);
- Distribution of suitable personal protective equipment (PPE) to Child, Youth and Family staff, together with a 'Decontamination Kit for Children or Young Persons' for each child or young person;
- Placing of the child or young person in a Tyvek suit or having them wrapped in a blanket. This must occur before handover to Child, Youth and Family staff;
- Most appropriate decontamination for the child or young person;
- Photographing of the child or young person at the scene;
- Recording of the physical condition of the child or young person including any injuries;
- Recording of the mental state of the child or young person;
- Consider securing the clothing worn by the child or young person as an exhibit;
- Preliminary interview with the child or young person;
- Preliminary interview to include:
  - Basic health questions such as: headaches, nausea, breathing difficulty, dizziness, fatigue etc...;
  - The occupant's details;
  - Details of other siblings, children or young person's at the address;
  - The sleeping arrangements;
  - The playing and eating areas;
  - School or pre school details;
  - The name of their Doctor;
  - Knowledge of drugs, manufacturing, dealing activities;
- Informing the Child, Youth and Family Social Worker of the power/ authority used to remove and detain the child or young person before placing them in the care or custody of Child, Youth and

Family;

- Furnish the Social Worker with a copy of the section 39 warrant or a copy of the completed section 42 placement form;

*Refer " Section 39 or 42 - Placement with CYF" on page 44*

- Briefing of the Social Worker of any relevant information gained from the preliminary interview, including any known medical conditions or medications required by the child or young person;
- Briefing of the Social Worker of any health and safety concerns resulting from the medical assessment;

**Notes:** No extra clothing, toys or other items are to be removed from the address without consultation with the O/C Investigation and ESR chemist.

Police do not arrange placement of the child or young person. This is a Child, Youth and Family responsibility.

#### 4.1.5 Scene Examination (NCLRT)

The NCLRT members will be responsible for:

- Identifying and recording any chemical and physical hazards found at the clandestine laboratory site;  
*Refer "3 THE RISKS" on page 2*
- Seizing a sample of the child or young person's clothing (from the address) to test for chemical contamination;
- Seizing a sample of the child or young person's toys or related items for testing;
- Photographing any hazards and exhibits in situ;
- Preparing a sketch plan of the scene;
- Taking and recording key measurements from the scene, for example:
  - The table or bench height where items are located;
  - The height of the fridge handle (if items are located in the fridge);
- Recording and photographing the proximity of the child or young person's sleeping, eating and play areas to the drugs, chemicals, equipment, needles, paraphernalia or weapons located;
- Recording any odours at the address;
- Arranging for swabs to be taken from the walls and ceilings at the address (ESR);

- Arranging for swabs to be taken from the child or young person's bedroom, play areas and eating areas (ESR);
- Conducting and recording the results of air tests on the child or young person's bedroom, play areas and eating areas.

#### **4.1.6 Scene Examination (O/C Scene)**

The O/C Scene will be responsible for:

- Looking for evidence to confirm that the child or young person resides at the address and the length of time they have been there;
- Searching for any medication and medical records belonging to the child or young person;
- Searching for evidence to confirm the identity of the parents or caregivers.

#### **4.1.7 Follow-up (O/C Investigation)**

The O/C Investigation will:

- Together with Child, Youth and Family, give priority to locating any child or young person absent from the address at the time of Police intervention;
- Ensure that any child or young person exposed to a clandestine laboratory site is checked by a Doctor as soon as possible and in any case within 24 hours of being located;
- Ensure the child or young person's medical examination has been completed and evidential hair or urine samples taken;
- Refer all cases where consent is in issue, due to custodial status or age of the child or young person, to legal section as soon as possible;
- Ensure that the hair samples and/or toxicology kits are collected from the Doctor and forwarded with a Pol143 form to ESR;
- The toxicology results are forwarded to both the Child, Youth and Family Social Worker and the examining doctor as soon as they are available;
- Liaise with the Child Protection Team (CPT) as to whether a Specialist Child Interview with the child or young person is required.

In the event the Social Worker determines that it is not appropriate to seek a medical examination for any child or young person the Police

can apply under section 49 and 50 of the Children, Young Persons, and Their Families Act 1989 for a court order to have the medical examination completed.

Where a child or young person is to be brought before the Court pursuant to section 45 of the Children, Young Persons, and Their Families Act 1989 (within 5 days of being placed with Child, Youth and Family) a CPP consult must have taken place and all relevant evidence assessed for use in the section 67 application (grounds for declaring the child or young person in need of care and protection).

Where powers under section 42 of the Children, Young Persons, and Their Families Act 1989 have been used the O/C of the Investigation is required to furnish a report to the Commissioner within 3 days.

#### **4.1.8 Follow-up (NCLRT)**

The NCLRT members will ensure that:

- The contaminated PPE used by Child, Youth and Family is collected and destroyed;
- The child or young person's clothing is collected from Child, Youth and Family by Police as an exhibit or for other disposal.

## **4.2 Decontamination Options for Children or Young Persons**

The high powered decontamination showers currently used by the NZ Fire Service are not suitable for the decontamination of children or young persons and should only be considered in extreme cases where all other options have been ruled out.

The preferred option is the use of Tyvek protective suits or the child blanket provided in the kits, to cover the child or young person during transportation to a suitable site where a warm domestic shower or bath can be accessed and used under Child, Youth and Family or medical supervision.

The suits or child blanket will be destroyed as a contaminated item via the NCLRT.

## 5 CHILDREN AND YOUNG PERSONS IN CLANDESTINE LABORATORIES POLICY - CHILD, YOUTH AND FAMILY

### 5.1 Planning

Where Child, Youth and Family have been asked to attend a clandestine laboratory scene, Child, Youth and Family roles and responsibilities are to:

- Have read and understood these Standard Operating Procedures;
- Treat all early information as highly confidential;
- Gather available information on the number of children or young person's ages, gender and histories to assist with allocating staff and logistics such as transportation and clothing needs;
- Allocate two Social Workers and a designated supervisor who will be available to provide case consultation and support to the Social Workers throughout this process;
- Take steps to best ensure the safety and well-being of the children and young persons throughout the process.
- Whenever possible the allocated Social Worker will, contact the paediatrician on-call at the DHB to seek advice as to the best way to have the children and/or young persons assessed

[Refer "6.2 Medical Examination" on page 19](#)

### 5.2 Upon Arrival at Site

**Note:** A clandestine laboratory scene is effectively under Police control, however the Fire Service will assume control immediately there is a fire or explosion at a site provided the scene has been cleared of armed or dangerous persons.

- Consult with the officer responsible for the child or young person. The officer will make themselves known to the Social Worker upon arrival. This initial consultation will cover key information about the child or young person:
  - Information from the preliminary interview;
  - Child or young person's views about the situation, including any issues that are particularly important to them at this point
  - The physical and emotional state of the child or young person;
  - Any medical/health issues for the child or young person

- Relevant actions taken at the scene;
  - Any factors Child, Youth and Family may need to be aware of when meeting/talking with parents/guardians/family/whanau.
- Agree next steps for their care including:
  - Arrangements to seek section 53 medical consent with the parent, caregiver or guardian;
  - Any placement options or assistance offered by extended family/whanau;
  - A plan for decontamination and medical examination of child or young person;
  - Schedule the collection by Police of the exhibit bag, disposal bag, medical samples (hair or urine)
  - Need for Specialist Child Interview

Child, Youth and Family staff who may have physical contact with the child or young person must wear suitable PPE as provided in the 'Decontamination Kits for Children and Young Persons'. These kits include a Tyvek protective suit to be worn over clothing, latex gloves and protective eye wear. These kits should be provided by Police officer responsible for the child or young person when the Social Workers arrive.

### 5.3 Accept Custody of the Child or Young Person

- The Social Worker is to confirm the legal authority used by Police to remove and detain the child or young person;
- The Social Worker will be furnished with a copy of the section 39 warrant or a copy of the completed section 42 placement form by the O/C.

*Refer " Section 39 or 42 - Placement with CYF" on page 44*

### 5.4 Decontamination Kits for Child or Young Person

'Decontamination Kits for Children or Young Persons' will be provided to Child, Youth and Family staff by Police (or officer responsible for the child or young person) for each child or young person removed from a clandestine laboratory scene and will consist of:

- A copy of these Joint Standard Operating Procedures and all relevant forms;
- Tyvek suit, blanket or other disposable clothing option for the child or young person;
- Car seat protector;

- Exhibit bags (for child or young person's clothing / footwear);
- Warning stickers for exhibit bags;
- Personal protective equipment (Tyvek suit, rubber gloves, safety glasses):
- Towel, facecloth, soap, shampoo;
- Disposal bags;

For the used Tyvek suit, blanket, car seat protector, gloves, glasses, towel, face cloth, soap. To be returned to or collected by the NCLRT for cleaning and disposal as required.

- Hair sample kit with instructions to be handed to the medical examiner.

## 5.5 Decontamination Instructions

A child or young person exposed to a clandestine laboratory environment will likely carry some level of contamination on skin or clothing. The process of removing these potentially harmful contaminants through showering and washing is known as decontamination. Decontamination must occur for each child or young person located at the site, and also for each child or young person who usually resides there but who are not present at the time of the Police operation.

Involve the child or young person in this process as much as possible and talk with them about what needs to happen. Work out together how this can best be done.

In order to prevent the transfer of potentially harmful chemicals, the Social Worker who will have the physical contact with child or young person must wear the appropriate personal protective equipment provided by Police in the kits.

[Refer "5.4 Decontamination Kits for Child or Young Person" on page 11](#)

Children and young persons can have potentially harmful contaminants adequately removed through the use of soap and/or shampoo with water (at any temperature) in a domestic shower (or bath for infants).

Consider a location and setting best suited and likely to cause the least trauma or stress to the child or young person. In some instances Child, Youth and Family office showers will need to be used but where possible a household bathroom is preferable. You will also need to explain to the child or young person the importance of ensuring that they are thoroughly washed to remove any potential chemical residue.

At least two Social Workers should be involved in assisting the child or young person to remove traces of contaminants. Two Social Workers must be present



when personal care support is required by the child or young person.

Only one Social Worker needs to be in PPE. They will take care of the child or young person prior and during the showering stage, including dealing with all potentially contaminated clothing items and used kits items.

The second Social Worker only deals with the child or young person after showering and should arrange for the clean clothing and subsequent care. PPE is not necessary for this Social Worker.

Once showering has been completed the shower facility needs to be cleaned. Ordinary domestic cleaning products are acceptable according to the New Zealand Poisons Centre. This will be completed by the Social Worker. Only remove the PPE after the shower or bath has been cleaned.

The decontamination process must be carried out carefully and in accordance with these Standard Operating Procedures. They are created as a safety precaution for the well-being of both staff and the child or young person.

#### 5.5.1 Process

- Any child or young person found at a clandestine laboratory scene will be removed from the scene by Police;
- Police will place the child or young person in a Tyvek suit or other clean and disposable clothing option;
- Upon arrival of the Child, Youth and Family Social Worker at a clandestine laboratory scene the O/C will provide the Social Worker with a 'Decontamination Kit for Children or Young Persons' for each child or young person.
- Each Social Worker who will have contact with the child or young person will put on the (PPE)
- The child or young person will be handed over to the care of the Child, Youth and Family Social Worker.

**Note:** Nothing from the clandestine laboratory site is to be removed with the child or young person without approval of the O/C Investigation and ESR Scientist. This will include clothing or toys. If, following a request to Police, any items are removed later they will need to be thoroughly washed in warm soapy water or in accordance with Police directions prior to being returned to the child or young person. If the child or young person is distressed about leaving a particular toy/item behind this will need to be discussed with Police to determine when this item may be able to be retrieved so the information can be relayed to the child or young person and a possible

alternative bought in the meantime.

The Social Workers will transport the child or young person to a suitable location (arranged by the Social Worker) for decontamination using a domestic shower (or bath in the case of an infant).

**Note:** The child or young person is to have a Tyvek protective suit placed over their clothing before entering the Social Workers vehicle. Infants may be wrapped in a child blanket as an alternative to the Tyvek suit. Care must be taken to ensure any blankets do not prevent the baby or child being properly secured into their car seat.

- The vehicle used to transport the child or young person must have age appropriate child restraints and the disposable seat covers provided in the 'Decontamination Kits for Children or Young Persons' must be used;
- When the child or young person leaves the car, the social worker in the PPE will remove the car seat covers and place them in the large disposal bag provided by the Police.
- The Social Worker/s in PPE will take care of the child or young person prior to and during the showering stage, including dealing with all potentially contaminated clothing items and used kit items.

The additional Social Worker/s only deals with the child or young person after showering and should manage the clean clothing and subsequent care. PPE is not necessary for this Social Worker.

Where the Social Worker has determined a child or young person is competent to shower or bath themselves, they must advise the child or young person to:

- Place the Tyvek suit into the disposal bag provided;
- Place all clothing, footwear and other personal property into the exhibit bag provided (both bags are supplied in the decontamination kits)

Items should be placed in the appropriate bags as soon as they are removed.

The disposal bag and exhibit bag will be uplifted by Police.

For children and young persons who need help, the Social Worker wearing PPE will bag and retain the clothing, footwear and any accessories (e.g. hair ties, jewellery) in the exhibit bag and used protective Tyvek or blanket in the disposal bag provided in the kits.

The child or young person should shower using the facecloth, soap, shampoo and towel provided.

- Once finished these items are to be placed in the disposal bag.

Explain to the child or young person that they need to carefully wash their body with soap and to shampoo their hair. The Social Worker in the PPE may assist the child or young person as necessary.

If the child or young person is unable to dry themselves the Social Worker who has not had physical contact with the child or young person and is not wearing the Tyvek suit should assist.

Once the child or young person is dry, clean clothes and footwear should be provided. Keep clean clothing and footwear separate from the used items to avoid any transfer of potentially harmful chemical residues.

Once all child or young person clothing and items used for showering have been bagged the shower facility needs to be cleaned using domestic cleaning products by the Social Worker.

The Social Worker should then remove their Tyvek suit, gloves and eye protection and add them to the disposal bag. This bag can then be sealed.

Once exhibit bags and disposal bags are sealed they should be returned to, or uplifted by Police for destruction, or used as evidence if required.

Once the decontamination process has occurred the medical examination can be undertaken.

## **5.6 Where the Child or Young Person is Not Present in the Home**

A child or young person who usually resides in the home but is not present during the Police operation will need to be located and appropriate actions taken to provide for their on-going safety.

Legal authority to place the child or young person in the custody of the Chief Executive of the Ministry of Social Development will need to be identified in consultation with the Child, Youth and Family Supervisor and Police. Legal authority to place with the Chief Executive of the Ministry of Social Development will enable the Ministry of Social Development to arrange care for the child or young person.

Options include the Police or Social Worker obtaining a Section 39 warrant if not already in existence. If a section 39 place of safety warrant is executed, then the section 53 process should be followed to enable the medical examination.

Alternatively the parent or guardian may be willing to enter into a temporary care agreement with the Chief Executive of the Ministry of Social Development. If a section 139 temporary care agreement is entered into, then the agreement must include specific authorisation for a medical examination/procedure. Refer section 149, Children, Young Persons, and Their Families Act 1989.

If a temporary care agreement is being considered, the parent, guardian or usual caregiver signing the temporary care agreement should first be assessed as unaffected by drugs or alcohol before signing. Care should be taken to thoroughly cover the exact medical procedures that are agreed to.

Any child or young person who usually resides in the suspected clandestine laboratory address is to undergo decontamination as outlined in section 5.5 on page 12.

Any child or young person who usually resides in the suspected clandestine laboratory address is to be medically examined to assist Child, Youth and Family to assess their health and well-being.

## **5.7 Medical Examinations**

Medical examinations may be undertaken at the request of a Social Worker under section 53(3) of the Children, Young Persons, and Their Families Act 1989. The Social Worker must have made all reasonable efforts to obtain consent from the parent or guardian.

The primary purpose of the examination is to assist Child, Youth and Family to assess the health and well-being of the child or young person. The assessment may also have the effect of assisting Police in their action to uphold the law.

The medical examination should occur within 24 hours of the child or young person being removed. In the event that the child or young person has been removed from the scene and decontaminated after usual working hours, it will usually be appropriate to delay the medical assessment until standard working hours. This will ensure (for evening or night-time removals) that the child or young person can get some sleep and that (for all cases) a thorough assessment can be completed in a well-co-ordinated fashion in normal working hours. Exceptions to this will include any child or young person with visible injuries or where there is other reason for concern about their immediate physical health. Any such child or young person should be discussed as soon as possible with the paediatrician on call.

The medical examinations should take place at a suitable medical facility. The Child Youth and Family Social Worker will contact the on-call paediatrician at the DHB (via hospital switchboard) to discuss the most appropriate medical

practitioner to complete the medical examination. In all cases the examination is to be carried out by a medical practitioner.

In consultation with the paediatrician on call, consider the following when deciding on health assessment needs for children or young person's found in a clandestine laboratory.

### **Immediate assessment**

Immediate assessment by hospital services by local ED for emergency treatment of health needs including difficulty breathing.

Paediatric services (via local ED if necessary) likely for:

- any child or young person having health issues that may include bruises or unexplained injuries;
- any child under 5 years and their siblings or other associated child or young person.

### **Within 24 hour assessments**

Within 24 hour assessments (DHB, GP or Police Doctor) for:

- Any older children (5+) who presents without injury or immediate health issues may be assessed by a GP or DHB Paediatric Service for their general health
- Toxicology samples may be taken by a Police Medical Officer in older, well children or adolescents examined by a GP.

When contacting the medical professional who will be responsible for completing the medical examination the arrangements will include agreeing the time and location for the examination and the number of children or young persons to be assessed.

Child, Youth and Family are responsible for any costs associated with the medical examination.

The Child, Youth and Family Social Worker will provide the medical practitioner with:

- The 'Medical Examination Guide';
- The 'Hair Sample Guide';
- A Hair Sample kit;
- A Toxicology kit. - this is likely to be used only when hair samples are not able to be obtained.

[Refer " Medical Examination Guide" on page 33](#)

*Refer " Children and Young Persons In Labs – Hair Sampling Guide for Doctors" on page 35*

*Refer " Children and Young Persons In Labs – Urine Sampling Guide for Doctors" on page 38*

**Note:** Kits and documentation are included in the 'Child or Young Person in Labs' kits'. The medical practitioner completes all stages of the hair sampling.

The hair sample, or if hair not available the urine sample, will be collected by Police for delivery to the ESR for analysis. The hair sample can identify exposure to chemicals and the duration of such exposure. This information is important for assessing care and protection needs.

Once received Child, Youth and Family will forward a copy of the medical results to the O/C Investigation.

Child, Youth and Family will also advise the Police CPT of any follow up treatment resulting from the child or young person's examination.

The O/C investigation will provide the child or young person's toxicology results to Child, Youth and Family, the CPT and to the examining medical practitioner.

Whilst the medical examination is obtained primarily to assess the health and well-being of the child or young person, it may also inform Child, Youth and Family (and the Police) that the child or young person has been exposed to chemical hazards potentially indicating neglect, a risk of harm and impairment of well-being, criminal behaviour etc. The results of the medical examination may be required for use in child protection proceedings and as evidence in criminal proceedings.

These Standard Operating Procedures contain a consent form for use when obtaining consent from a parent or guardian for a medical examination under section 53, Children, Young Persons, and Their Families Act 1989. When seeking consent, explain why you wish to obtain the medical examination of the child or young person and talk through the consent form with the parent or guardian.

*Refer " Section 53 - Medical Request Form" on page 45*

If the parent or guardian does not wish to consent, they are entitled to that position. Consider whether there is another parent or guardian who could be approached in order to obtain consent. This conversation is also an opportunity to discuss placement options.

After making reasonable efforts to obtain consent without success, a Social Worker is authorised under section 53(3) to proceed with a medical examination by a medical practitioner. Ensure adequate CYRAS/file notes are kept of efforts made to seek consent.

## 6 CHILDREN AND YOUNG PERSONS IN CLANDESTINE LABORATORIES POLICY – DISTRICT HEALTH BOARDS

### 6.1 Permission for Assessment

When a child or young person has been removed from their usual caregiver due to a belief of exposure to a clandestine laboratory, they will usually be placed in the custody of the Chief Executive of the Ministry of Social Development following execution of a section 39 place of safety warrant or a section 42 search without warrant, under the Children, Young Persons, and Their Families Act 1989.

When a section 39 warrant has been executed, a Social Worker is permitted under section 53 of the Children, Young Persons, and Their Families Act 1989 to arrange for a medical examination by a medical practitioner. The Social Worker will first try to obtain consent from the parent/guardian or usual caregiver but the medical examination can be required by the Social Worker even when efforts to obtain parent/guardian consent have not been successful.

In critical situations, custody will have transferred to the Chief Executive of the Ministry of Social Development after Police remove the child or young person under a section 42 of the Children, Young Persons, and Their Families Act 1989, search without warrant authority. The section 53 medical examination provisions also apply.

If custody has been obtained by Child, Youth and Family via a section 139 temporary care agreement then the section 53 medical examination provisions do not apply. In this situation written consent to a medical procedure must be provided by the parent/guardian or person usually having the care of the child or young person. Care should be taken to thoroughly cover the exact medical procedures that are agreed to.

### 6.2 Medical Examination

Whilst the medical examination is obtained primarily to assess the health and well-being of the child or young person, it may also inform Child, Youth and Family (and the Police) that the child or young person has been exposed to chemicals hazards potentially indicating neglect, a risk of harm, and impairment of well-being, criminal behaviour etc. Ascertaining the level of exposure and over how long a period they may have been exposed to illicit drugs and/or toxic chemicals is important information for determining their health and well-being and care and protection needs. The results of the medical examination may be required for use in child protection proceedings and as evidence in criminal proceedings.



The medical examination should occur within 24 hours of removal from the suspected clandestine laboratory. In the event that the child or young person has been removed from the scene and decontaminated after usual working hours, it will usually be appropriate to delay the medical assessment until standard working hours. This will ensure (for evening or night-time removals) that the child or young person can get some sleep and that (for all cases) a thorough assessment can be completed in a well-co-ordinated fashion in normal working hours. Exceptions to this will include any child or young person with visible injuries or where there is other reason for concern about their immediate physical health. Any such child or young person should be discussed as soon as possible with the paediatrician on call.

In consultation with the paediatrician on call, consider the following when deciding on health assessment needs for children or young persons found in a clandestine laboratory.

**Immediate assessment:**

Immediate assessment by hospital services by local ED for emergency treatment of health needs including difficulty breathing.

Paediatric services (via local ED if necessary) likely for:

- any child or young person having health issues that may include bruises or unexplained injuries;
- any child under 5 years and their siblings or other associated child or young person.

**Within 24 hour assessments**

Within 24 hour assessments (DHB, GP or Police Doctor) for:

- Any older children (5+) who presents without injury or immediate health issues may be assessed by a GP or DHB Paediatric Service for their general health
- Toxicology samples may be taken by a Police Medical Officer in older, well children or adolescents examined by a GP.

A medical assessment required under section 53 of the Children, Young Persons, and Their Families Act 1989 may include such testing as the medical practitioner considers appropriate in the circumstances. This protocol supports forensic samples being taken. Note however that section 55 of the Children, Young Persons, and Their Families Act 1989 contains restrictions on internal examinations, and general anaesthetic may not be administered.

Given the child or young person's likely exposure to a clandestine laboratory, this protocol also supports inclusion of the following matters in the medical



examination:

- Child's medical history;
- Physical examination;
- General health;
- Vital signs;
- Height / weight / arm length (measured from the chest wall at the axilla to the tip of the middle finger with the arm at right angles to the body)
- Growth and development check;
- Respiratory distress / status
- Vision / hearing
- Neurological screen
- Cardiovascular status
- X-rays as required

Tests to detect the presence of illicit drugs and / or exposure to toxic chemicals at any level. The following tests may be considered

- Liver function;
- Kidney function;
- Hair sample obtained within 24 hours (Hair Sample Kit)
- Urine sample obtained within 24 hours (Toxicology Kit)
  - (A urine sample is only appropriate if a hair sample is not possible)

These tests need to be conducted within 24 hours of the child or young person being removed from the suspected clandestine laboratory.

### 6.2.1 Hair and Urine tests:

Any Hair and Urine test must utilise the Hair and Urine Collection Kits provided by Child, Youth and Family using chain of evidence procedures. The samples will be collected by the police following the examination.

[Refer " Medical Examination Guide" on page 33](#)

**Note:** Hair and urine samples provide best information.

The tests required include:

- Hair sample obtained using ESR hair sample kit

[Refer " Children and Young Persons In Labs – Hair Sampling Guide for Doctors" on page 35](#)

- Urine sample obtained within 24 hours using ESR urine sample kit
  - A urine sample is only appropriate if a hair sample cannot be obtained

*Refer " Children and Young Persons In Labs – Urine Sampling Guide for Doctors" on page 38*

- Collected and sealed under chain of evidence.

### 6.2.2 Documenting health examinations

Health examinations including any investigations undertaken will be formally recorded in the health record of each child or young person and a copy provided to Child, Youth and Family.

Document in your clinical record the time and date the samples you collected were handed over and to whom they were given.

Once this process has been completed the child or young person must be discharged into Child, Youth and Family care.

## 6.3 Testing

As Police have access to reliable and efficient testing processes and because the findings are also of interest to the Police, Police should be utilised to have those tests analysed. After the health professional has taken the samples, the Police will collect the hair and/or urine samples taken and arrange for them to be tested. Police will ensure the results of testing are provided to the medical practitioner and Child, Youth and Family.

## 6.4 Decontamination

Where immediate medical attention is not deemed to be required Child, Youth and Family are responsible for ensuring that child or young person are decontaminated prior to medical assessment.

If the child or young person is in need of immediate medical attention this may take priority over decontamination requirements. The O/C Investigation will ensure that the medical facility is notified of the contamination issues prior to admission. The child or young person are to be received in Tyvek suits (wherever medically possible) and must be showered and re clothed as soon as they are assessed as medically stable.

In the event that a child or young person is requiring immediate medical attention and they are not decontaminated prior to being brought to hospital, then standard emergency procedures would be followed with decontamination

occurring as soon as possible. The decontamination instructions (beginning on page 13 of this schedule) outline the process to be followed. Note: They should not have any other items from the contaminated site.

*Refer "5.5 Decontamination Instructions" on page 12*

**IMPORTANT:** The Tyvek suit and/or clothes worn are to be retained and handed to Police following medical assessment, along with any other clothing worn.

## 7 CPP LIAISON AND FOLLOW UP

The Child, Youth and Family Social Worker together with the Police Child Protection Officer will follow the Child Protection Protocol and keep each other informed of:

- Placement details;
- Current caregivers contact details;
- Arrangements for Specialist Child Interviews where required;
- Medical and forensic information;
- Relevant court proceedings.

Child, Youth and Family will complete the provided 'Check List' of the actions taken and provide a copy to Police.

*Refer " Child, Youth and Family Check List" on page 29*

Where a child or young person is to be brought before the Court pursuant to section 45 of the Children, Young Persons, and Their Families Act 1989 (within 5 days of being placed with Child, Youth and Family) a CPP meeting is to have taken place and all evidence assessed for use in the section 67 application (grounds for declaring the child or young person in need of care and protection).

**Notes:** Consultation and planning between the Police and Child, Youth and Family is on-going and needs to continue to assist the child or young person with getting the right support.

When a clandestine laboratory is located the Police will inform the District Council. Council approved remediation must be completed before the child or young person can be considered for return to the clandestine laboratory address.

## 8 ESR

The O/C Investigation will consider having a full analysis completed on all clandestine laboratory items seized rather than the selected analysis commonly done. This will include swabs that may assist in identifying all areas of contamination that the child or young person has been exposed to.

The ESR Scientist will, upon request take additional samples, swabs or actual items from the scene. These will have been identified as relevant to the child or young person's activities.

These samples, swabs or items are to be analysed to identify the types and levels of contamination present at the scene.

## 9 PROSECUTION POLICY

Consideration will be given to charging guardians who cause or allow a child or young person to be exposed to a clandestine laboratory.

Prosecution options include:

Ill-treatment or neglect of a child or vulnerable adult, Section 195, Crimes Act 1961

Failure to protect child or vulnerable adult, Crimes Act 1961, Section 195A

The charge of 'Duty to provide the necessities of life' (Crimes Act 1961, Section 152(2)) should not be considered without consultation with the Crown Solicitor.

O/C's and prosecutors must consult with the Crown Solicitor and O/C District CIB before withdrawing or making any amendments to the charges.

## 10 GLOSSARY OF TERMS

### **Decontamination**

The process of removing contaminants from individuals and equipment. For children and young persons a warm domestic shower or bath is commonly used.

### **Child**

Means a boy or girl under the age of 14 years.

### **Young person**

Means a boy or girl of or over the age of 14 years but under 17 years, but does not include any person who is or has been married (or in a civil union).

### **Personal Protective Equipment**

For this document means Tyvek suit, nitrile gloves, protective eye wear as contained in the 'Decontamination Kit for Children or Young Persons'.

### **Decontamination Kit for Children and Young Persons**

A box containing equipment, PPE and instructions to facilitate the decontamination and medical examination procedures as covered in this document.

## 11 ACRONYMS

### **CPP**

Child Protection Protocol

### **CPT**

Child Protection Team (Police)

### **CYF**

Child, Youth and Family

### **DHB**

District Health Board

### **ED**

DHB Emergency Department

### **ESR**

Institute of Environmental Science and Research Ltd

**GP**

General Practitioner

**O/C**

Officer in Charge

**NCLRT**

National Clandestine Laboratory Response Team (Police)

**PPE**

Personal Protective Equipment. (Paragraph 7.4 details specific PPE for Child, Youth and Family staff).

**SOP's**

Standard Operating Procedures

## APPENDICES

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## Child, Youth and Family Check List

### Child Youth and Family have:



Clarified the legal basis for the placement and received the appropriate forms from Police i.e., section 39 Place of Safety Warrant or section 42 Search Without Warrant. (Delete one)



After discussion with Police, identified and located the whereabouts of any other child or young person who usually resides at the address but who were not present at the time Police executed their warrant/s.



Made appropriate custodial or care arrangements for any child or young person who usually resides at the address but who were not present at the time Police executed their warrant/s.



Transported the child or young person to an appropriate venue to be bathed or showered to remove any chemical residue (decontamination). This includes any child or young person who was not present at the address but who usually resides there.



Bagged the child or young person's clothing and other items in the appropriate bags and arranged for their collection with Police.



Provided clean clothing/footwear for the child or young person.



Liaised with the Police Child Protection Team. Held a CPP consult and agreed an Individual Joint Investigation Plan (IJIP) for each child or young person.



This IJIP should include decisions on medical examinations, physical evidence gathering and specialist child interviews.



**Note:** The agreements recorded in the IJIP will need to reflect the consultation that has occurred with the O/C for the Clandestine Laboratory investigation.

Made all reasonable efforts to obtain consent from parents or guardians for medical examination, where consent is not forthcoming, or able to be obtained, steps taken have been well documented and medical examination arrangements have been made.



Confirmed whether hair and/or urine samples were taken by medical practitioner.



Arranged suitable placements for the child or young person.



Provided key information to the caregiver including medications and medical issues.



Taken steps to consider the on-going care and custody of the child or young person given the provisions of section 45 of the Children, Young Persons, and Their Families Act 1989.



## Children, Young Persons, and Their Families Act 1989

### Section 39 Place of safety warrants

- (1) Any District Court Judge or, if no District Court Judge is available, any Justice or any Registrar (not being a Constable), who, on application in writing made on oath, is satisfied that there are reasonable grounds for suspecting that a child or young person is suffering, or is likely to suffer, ill-treatment, neglect, deprivation, abuse, or harm may issue a warrant authorising any Constable or a Social Worker, either by name or generally, to search for the child or young person.
- (2) An application for a warrant under subsection [\(1\)](#) of this section may be made by a Constable or a Social Worker.
- (3) Any person authorised by warrant under this section to search for any child or young person may—
  - (a) Enter and search, by force if necessary, any dwelling-house, building, aircraft, ship, carriage, vehicle, premises or place:
  - (b) If that person believes, on reasonable grounds, that the child or young person has suffered, or is likely to suffer, ill-treatment, serious neglect, abuse, serious deprivation, or serious harm,—
    - (i) Remove or detain, by force if necessary, the child or young person and place the child or young person in the custody of the chief executive;
    - or
    - (ii) Where the child or young person is in a hospital, direct the Medical Superintendent of that hospital to keep that child or young person in that hospital.
- (4) Where any direction is issued pursuant to subsection [\(3\)\(b\)\(ii\)](#) of this section in respect of any child or young person, that child or young person shall be deemed to have been placed in the custody of the chief executive pursuant to this section.

### Section 42 Search without warrant

- (1) Any member of the Police who believes on reasonable grounds that it is critically necessary to protect a child or young person from injury or death may, without warrant,—

- (a) Enter and search, by force if necessary, any dwelling-house, building, aircraft, ship, carriage, vehicle, premises or place:
  - (b) Remove or detain, by force if necessary, the child or young person and place the child or young person in the custody of the [chief executive].
- (2) Every member of the Police who exercises any powers conferred by subsection (1) of this section shall, on first entering any dwelling-house, building, aircraft, ship, carriage, vehicle, premises or place, and if requested, at any subsequent time,—
  - (a) Produce evidence of identity; and
  - (b) Disclose that those powers are being exercised under this section.
- (3) A member of the Police who exercises the power conferred by subsection (1) of this section shall, within 3 days after the day on which the power is exercised, forward to the Commissioner of Police a written report on the exercise of the power and the circumstances in which it came to be exercised.

### **Section 53 Medical examination of child or young person at request of Social Worker**

- (1) This section applies to any child or young person—
  - (a) In respect of whom a warrant has been issued under section 39 of this Act; or
  - (b) Who is placed in the custody of the [chief executive] under that section or under section 40 or section 42 of this Act.
- (2) A Social Worker may, with the consent of any parent or guardian of the child or young person, arrange for any child or young person to whom this section applies to be medically examined by a ... medical practitioner.
- (3) Where, after making reasonable efforts to do so, a Social Worker does not obtain the consent of a parent or guardian of a child or young person to a medical examination under subsection (2) of this section, a Social Worker may require the child or young person to be medically examined by a ... medical practitioner.

### **Section 54 Child or young person entitled to have adult present**

Every child or young person who is medically examined under section 53 of this Act is entitled to have present during that examination one adult—

- (a) Who is nominated for that purpose by that child or young person or, if the age or level of maturity of the child or young person makes it impracticable for him or her to make such a nomination, by a Social Worker; and
- (b) Who consents to be present.

### **Section 57 Social Worker to make a report to [chief executive]**

A Social Worker who exercises the power under [53\(3\)](#) of this Act to require a medical examination to be carried out shall, within 3 days after the day on which the examination is carried out, forward the [chief executive] a written report on the exercise of that power and the circumstances in which it came to be exercised.

### **Section 139 Agreements for temporary care of children and young persons by Chief Executive, Iwi Social Services, etc.**

- (1) Subject to this section, any parent or guardian or other person having the care of a child or young person who is temporarily unable or unwilling to care for the child or young person may,—
  - (a) With the agreement of the chief executive, place the child or young person in the care of the chief executive for a period not exceeding 28 days; or
  - (b) With the agreement of an Iwi Social Service or a Cultural Social Service, place the child or young person in the care of that Social Service for a period not exceeding 28 days; or
  - (c) With the agreement of the Director of a Child and Family Support Service, place the child or young person in the care of the Director for a period not exceeding 28 days.
- (2) If the parent or guardian or other person having the care of the child or young person is, or will be, unable to resume the care of the child or young person at the end of the period during which the child or young person is in the care of any person pursuant to subsection (1) of this section, the period may, with the agreement of that person, be extended for one further period of up to 28 days.

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## Medical Examination Guide

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### Medical Examination for Children and Young Persons suspected of exposure to Clandestine Laboratories

#### Legal Status

This child/young person/s has been removed from his/her usual caregiver and is currently in the custody of the Chief Executive of the Ministry of Social Development (CE of MSD) due to a belief held by Police that he/she has been exposed to a clandestine laboratory.

#### Authority to Conduct Medical Examination

The child/young person will usually have been placed in the custody of the CE of MSD following execution of a section 39 Place of Safety Warrant, under the Children, Young Persons, and Their Families Act 1989. When a section 39 warrant has been executed, a Social Worker is permitted under section 53 of the Children, Young Persons, and Their Families Act 1989 to arrange for a medical examination by a medical practitioner. Section 53 provides that the social worker must first make reasonable efforts to obtain consent to the medical examination from a parent or guardian. If it has not been possible to obtain consent (after making reasonable efforts), the social worker may still require the medical examination to occur.

In critical situations, custody will have transferred to the CE of MSD after Police remove the child/young person under a section 42, Search without Warrant authority. In such a circumstance the section 53 medical examination provisions also apply.

In some situations, custody will have been transferred to the CE of MSD under a section 139 temporary care agreement entered into by consent of a parent/guardian or other person usually having the care of the child/young person. If custody has been obtained via section 139, written consent to a medical procedure must first be obtained from the parent/guardian or person usually having the care of the Child or Young Person, unless the child has presenting symptoms that require medical assistance.

#### Medical Examination

The request for a section 53 medical examination is sought to assess the Child or Young Person's current health and well-being. Given the likely exposure to a clandestine laboratory, it is considered important that this medical examination is obtained within 24 hours of placement in the custody of the CE of MSD.

Given the child or young person's likely exposure to a clandestine laboratory, we ask that you consider including the following matters in your medical examination:

- Child's medical history;
- General health;
- Height / weight / reach;
- Respiratory distress / status
- Neurological screen
- X-rays as required
- Physical examination;
- Vital signs;
- Growth and development check;
- Vision / hearing
- Cardiovascular status

Tests to detect the presence of illicit drugs and / or exposure to toxic chemicals at any level. We understand that you may consider it necessary to include:

Liver function;

Kidney function;

Hair sample obtained within 24 hours (Hair Sample Kit)

Urine sample obtained within 24 hours (Toxicology Kit)

(A urine sample is only appropriate if a hair sample is not possible)

## Purpose

The primary purpose of the examination is to assess the child or young person's health and well-being. Ascertaining the level of exposure and over how long a period they may have been exposed to illicit drugs and/or toxic chemicals is important information for determining their health and well-being and care and protection needs, as well as being information that may be used as evidence in criminal proceedings.

## Tests

As Police have access to reliable and efficient testing processes and because the findings are also of interest to the Police, we ask that the Police are utilised to have those tests analysed. Police can collect the hair and/or urine samples taken and arrange for them to be tested. Police will ensure the results of testing are provided to the medical practitioner and Child, Youth and Family.



# Children and Young Persons In Labs – Hair Sampling Guide for Doctors

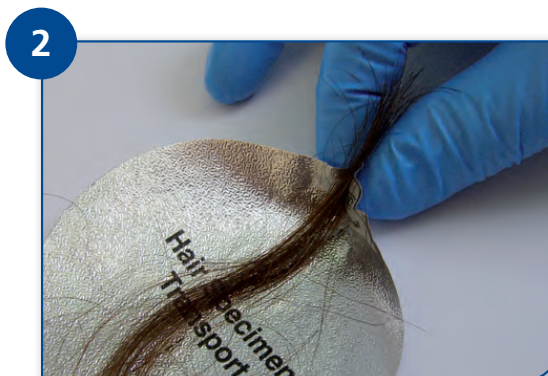


## Hair Sample Collection Instructions

COLLECTION KIT



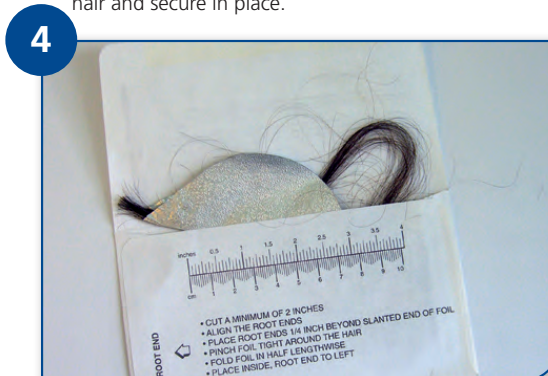
1. Hair sample should be 6mm and cut as close to the scalp as possible. The top rear of the head has the most consistent hair growth and this is the area from which the hair sample should be taken.



2. Once cut, hair sample should be placed onto foil disk with root ends extending  $\frac{1}{4}$  inch (6 mm) beyond the slanted edge. Pinch foil together as shown to grip the hair and secure in place.



3. Fold foil in half to secure hair as shown. Press flat, running your finger along the centre edge of the foil. If bar codes are included in the pack, place barcodes on form, foil disk and outside of specimen envelope.



4. Insert hair sample into envelope placing root end to the left.

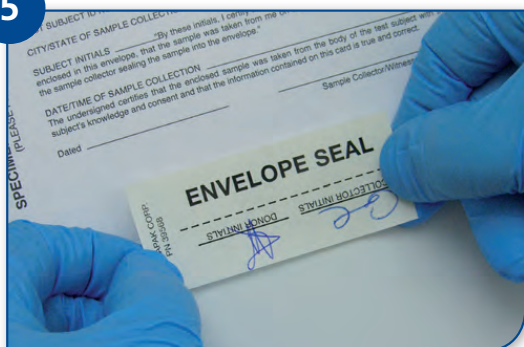
For further information, please contact the Workplace Drug Testing Helpdesk on +64 4 914 0731

[www.esr.cri.nz](http://www.esr.cri.nz)



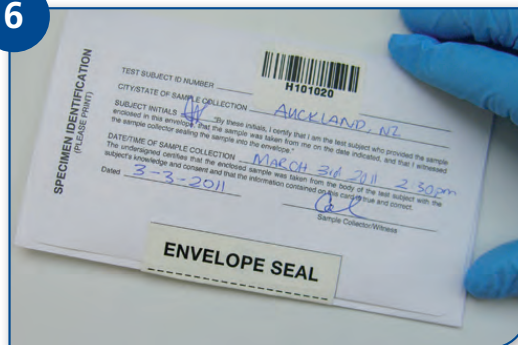
## Hair Sample Collection Instructions

5



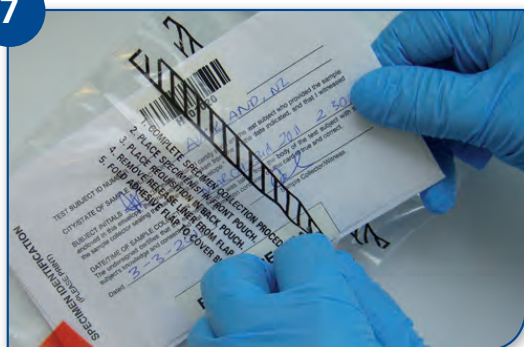
5. Sign and date the integrity/envelope seal. Adhere to envelope front and fold over to back to seal securely.

6



6. Complete information on outside of envelope.

7



7. Place envelope into the front pocket of the specimen bag. Put the completed chain of custody form in the large pouch, then seal bag.

8

Return samples via registered post to:

**ESR**

34 Kenepuru Drive

Porirua

Wellington 5028, New Zealand

**Attention: Workplace Drug Testing**

### Costs (as at February 2011)

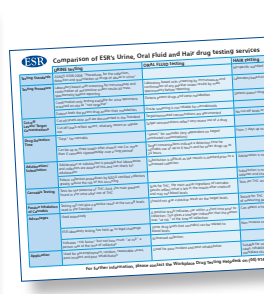
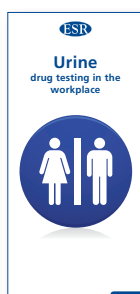
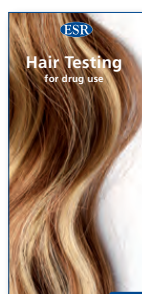
**Drug screen test and report for single segment of hair:** Segment of hair can be 2 or 6 months of growth.

#### Report showing drugs detected/not detected:

New Zealand:	NZD \$550.00
Australia:	AUD \$550.00
Additional court reportable statement:	NZD \$250 per hour

**Test for chronic alcohol use is a separate test.** (Please contact us for specific information)

All prices exclude GST if applicable. Prices subject to change.



These publications and further information can be obtained from the Workplace Drug Testing Helpdesk on +64 4 914 0731 or email [wdt@esr.cri.nz](mailto:wdt@esr.cri.nz)

[www.esr.cri.nz](http://www.esr.cri.nz)





# HAIR DRUG TESTING FORM FOR LABORATORY TESTS

Environmental Science and Research Limited  
Kenepuru Science Centre  
PO Box 50 348, Porirua 5240, New Zealand  
Helpdesk: +64 4 914 0731

## Important!

- Please ensure that all sections are filled in clearly

relevant  
^

Children or Young Person  
exposed to a Clandestine  
Drug Laboratory

Specimen ID number (barcode)

Please attach barcode label on all 5 copies

Donor surname (please print clearly)

BROWN

Donor first names Please print clearly

Johnny

Donor sex (please tick)

Male ☒ Female ☐

Donor identification check

N/A

Photo Licence ☐

Passport ☐

Other – please give details

Please specify identification

N/A

Donor certification and consent

Refer Social Worker: Consent resolved/determined by Section 53 CYP Act.

I certify that the hair sample associated with this form is my own and was provided by me to the authorised collector.

Yes ☐

Donor/Guardian Signature

Collection date 10/08/2010

Name of collector Dr M Jones

Signature of collector

M. Jones

Certification

N/A

I hereby consent to

(please write collector's name)

removing a hair sample from my person and sending it to the ESR laboratory for analysis

Tests requested: (Tick appropriate box)

☒ Amphetamines (Methamphetamine 'P' and MDMA 'ecstasy')

☐ Opiate type drugs (eg codeine, morphine, heroin, methadone)

☐ Cocaine

☐ Sedative drugs (eg diazepam (Valium), zopiclone)

☐ BZP

☐ Alcohol (detect markers in hair of chronic alcohol use)

☐ Cannabis

☐ Other (specify)

Time period of interest: (Tick appropriate box)

☐ 0-2 months

☒ 0-6 months +

Reason for test: (Tick appropriate box)

☐ Child custody

☐ Reasonable cause/post incident

☐ Drug facilitated sexual assault

☒ Other (specify)

Exposed to a Clandestine  
Drug Laboratory

Court date: (if known)

N/A

Results to:

Name: O/C Clan Lab Team

Address: NZ Police

P. O. Box 22 142

Otahuhu

Telephone: 09 2590752 Email:

Invoice to:

Name: O/C Clan Lab Team

Address: NZ Police

P. O. Box 22 142

Otahuhu

Telephone: 09 2590752 Email:

Medications (Specify any medications taken in the last year)

Type Name/Dosage (if known)

Coughs, Colds or Allergies ☐

Type Name/Dosage (if known)

Pain Killers/Anti Inflammatories ☐

Diet Pills ☐

Tranquillisers/Sedatives ☐

Vitamins/Minerals ☐

Other medication (please specify) ☐

Specimen receipt

Received by:

Date:

Delivered by:

Signature:

PINK – Laboratory copy WHITE – Donor's copy GREEN – Collector's copy



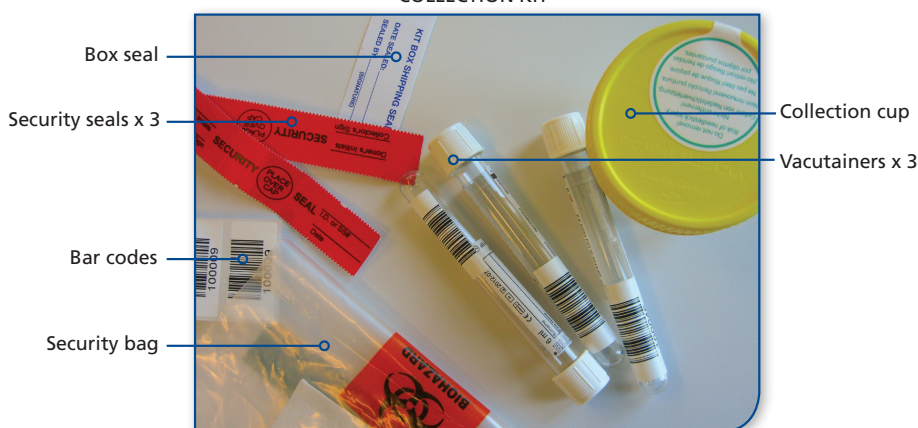
## Children and Young Persons In Labs – Urine Sampling Guide for Doctors



### Urine Sample Collection Instructions for New Kit

Summary instructions – please see new collector handbook for full collection instructions

#### COLLECTION KIT



1



1. Before collection ensure the lid is intact and label covering the needle is not removed. Remove the lid and hand beaker to donor. When donor hands beaker back, replace the lid. Urine is voided directly into the collection beaker.

2



2. Check the temperature and volume. Temperature must be between 32–38°C. If the volume is less than 15ml, the minimum number of vacutainers required to be sent to the laboratory is two.

3



3. **Do not remove** the lids as vacutainers are under vacuum. Remove the protective label to expose the needle. Push vacutainer into the needle recessed in the lid. Transfer the specimen equally into the three vacutainers. When a vacutainer is full, remove and repeat process with the remaining vacutainers.

4



4. Fill in the three seals with the donor's details, the date and their signature. The donor initials all seals.

Further information can be obtained from the Workplace  
Drug Testing Helpdesk on +64 4 914 0731 or email [wdt@esr.cri.nz](mailto:wdt@esr.cri.nz)



## Urine Sample Collection Instructions for New Kit



5. Insert the sealed and labelled vacutainers into the front pocket of the security bag provided. LEAVE THE ABSORBENT PAD IN THE BAG.



6. Complete the documentation and place a barcode label on the top of each of the five forms. Insert the pink ESR copy and the blue Medical Review Officer copy into larger pocket of the security bag.



7. Seal the security bag by removing the liner from the adhesive and placing over the two sets of diagonal lines.



8. Dispose of beaker with lid in a safe needle disposal container. If this is not possible, return the **lid only** to ESR in the sealed bag with the vacutainer tubes.



9. Seal the box with the signed and dated Kit Box Shipping Seal. Place collected kits into an appropriate NZ Courier/ESR prepaid courier envelope and seal. Store in a secure and refrigerated place until transported to ESR by NZ Couriers.

10. Return samples via courier to:

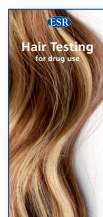
**ESR**

34 Kenepuru Drive

Porirua

Wellington 5028, New Zealand

**Attention: Workplace Drug Testing**



These publications and further information can be obtained from the Workplace Drug Testing Helpdesk on +64 4 914 0731 or email [wdt@esr.cri.nz](mailto:wdt@esr.cri.nz)

## CPP Referral

Pol 350 - (09/16)

**CPP**

### Child Protection Protocol Referral

(To be completed by initial staff)

File number:  
!! FORMTEXT

and/or

Event number:

Referral date:

**Attn FMC/CRL – An O.R. related to this referral has also been submitted. Beware of creating a duplicate occurrence**

#### Victim or child/young person at risk - (Victim 1)

Surname:

First names:

DOB:

Age:

Gender:

☐ Male☐ Female

Is English a second language?

☐ Yes☐ No

If yes, please detail:

Suicide Risk?

☐ Yes☐ NoIf yes, what specific concerns do you have?  
(what referrals have been made?):

Home address:

Mobile:

Home phone:

Email:

School:

Caregiver:

☐ Mother☐ Father☐ Other

Nature of concern:

☐ Physical☐ Sexual☐ Neglect

Injury details:

Medical treatment sought?

☐ Yes☐ No

If yes, where?

#### Mother's details

☐ Biological☐ Whangai☐ Step

Surname:

First names

DOB:

Age:

Ethnicity

Is English a second language?

☐ Yes☐ No

If yes, please detail:

Home address:

Mobile:

Home Phone:

Email:

Occupation:

Employer:

#### Father's details

☐ Biological☐ Whangai☐ Step

Surname:

First names

DOB:

Age:

Ethnicity

Is English a second language?

☐ Yes☐ No

If yes, please detail:

**CPP****Child Protection Protocol Referral**

(To be completed by initial staff)



Home address:

Mobile:

Home Phone:

Email:

Occupation:

Employer:

**Caregiver's details [if not a parent] - (Caregiver 1)**
☐ Whānau ☐ Step ☐ CYF ☐ Agency ☐ Other If other, please specify:

Surname:

First names

DOB:

Age:

Ethnicity

Is English a second language? ☐ Yes ☐ No If yes, please detail:

Relationship to victim:

Home address:

Mobile:

Home phone:

Email:

Occupation:

Employer:

**Other children/young persons - (Child/young person 1)**

Surname:

First names:

DOB:

Age:

Gender:

☐ Male☐ FemaleIs English a second language? ☐ Yes ☐ No If yes, please detail:

Relationship to victim:

Lives at same address: ☐ Yes ☐ No

If no, insert address:

Mobile:

Home phone:

Email:

Also at risk?: ☐ Yes ☐ No

What specific concerns do you have that this child is also at risk of harm?

What have you done to mitigate this risk?

**Other household members - (Household member 1)**

Surname:

First names:

DOB:

Age:

Gender:

☐ Male☐ FemaleIs English a second language? ☐ Yes ☐ No If yes, please detail:

**CPP****Child Protection Protocol Referral**

(To be completed by initial staff)



Relationship to victim:

Mobile:

Home phone:

Email:

**Informant/notifier:**Is the informant/notifier anonymous? ☐ Yes ☐ No**If yes, proceed to next section**Does the informant/notifier wish to remain confidential? ☐ Yes ☐ No

Relationship to victim:

Surname:

First names:

DOB:

Age:

Gender:

☐ Male☐ Female

Is English a second language?

☐ Yes☐ No

If yes, please detail:

Home address:

Mobile:

Home phone:

Email:

**Alleged offender:**☐ Mother ☐ Father ☐ Caregiver ☐ Other**If other, please complete the following details:**

Surname:

First names:

DOB:

Age:

Gender:

☐ Male☐ Female

Is English a second language?

☐ Yes☐ No

If yes, please detail:

Relationship to victim:

Home address:

Mobile:

Home phone:

Email:

**Alleged incident:**

Date:

Time:

Address:

Describe the incident below in detail:

What happened?

Any additional information:

Were there any witnesses?

☐ Yes☐ No



**CPP****Child Protection Protocol Referral**

(To be completed by initial staff)



If yes, please detail:

Is the incident family violence? ☐ Yes ☐ No**If yes, please enter tasking to District Family Violence Coordinator****Prevention First: New Zealand Police National Operating Strategy**

What crime drivers have you identified? Consider underlying causes of this offending.

What Prevention opportunities exist? Consider both short and long term solutions.

**Police history**Is There a relevant Police history for any of the parties involved? ☐ Yes ☐ No**If yes, please detail:****Reporting staff member**

Surname:

First Name:

District:

Role:

Phone:

Email:

**Email completed POL 350 to [cyfcallcentre@cyf.govt.nz](mailto:cyfcallcentre@cyf.govt.nz) and 'cc' your District CPP email address**

## Section 39 or 42 - Placement with CYF

### Section 39 Children, Young Persons, and Their Families Act 1989

When a Child (or young person) is to be placed in the custody of Child, Youth and Family under section 39 of the Act a copy of the place of safety warrant is to be handed to the Social Worker.

### Section 42 Children, Young Persons, and Their Families Act 1989

Placement in the custody of Child, Youth and Family

Child / Young Person	
Gender / DOB	
Address	
Mother's Details	
Father's Details	
Caregiver / Guardian Details	
Circumstances of Placement	
Officer Details (Name, Rank, Squad, Station, Contact Number)	
Placement Declaration	I: _____ A member of the Police, am placing the above named child (or young person) in the custody of the Chief Executive of the Department of Child, Youth and Family after conducting a Search Without Warrant under Section 42 Children, Young Persons, and Their Families Act 1989. I am delivering the child (or young person) into the custody of the staff member from Child, Youth and Family named on this form.
Date / Time / Place	
Signature (Police)	
CYF Social Worker(s) (Names, Office, Contact Number)	
Signature (CYF)	



## Section 53 - Medical Request Form

Medical Examination of a Child or Young Person at the request of Social Worker: Section 53 Children, Young Persons, and Their Families Act 1989

Request by a Social Worker for consent to have child medically examined.

My name is:.....(name of parent/guardian)

I am a Parent/Guardian of : \_\_\_\_\_

.....(names of child/young persons)

I am aware that on \_\_\_\_\_ (date) a search warrant was executed by Police at \_\_\_\_\_ (address) due to a suspicion of methamphetamine manufacture.

The following child / young person/s, \_\_\_\_\_

\_\_\_\_\_ was/were removed from the address under the provisions of section 39 or 42 of the Children, Young Persons, and Their Families Act 1989.

The child /young person/s has/have been placed in the custody of the Chief Executive of the Ministry of Social Development.

A Social Worker with Child Youth and Family (an operating arm of the Ministry of Social Development) has informed me of the Social Workers belief that a medical examination, by a medical practitioner, is necessary to assess my child/young person/s health and well-being.

I consent to a medical examination of my child/young person/s (as referred to above) by a medical practitioner.

I understand that:

- the medical examination is to assess the health and well-being of my child/young person/s
- the medical examination may include gathering of information that could show exposure to methamphetamine. The level of such testing is to be determined by the medical practitioner.
- the results of the medical examination may be required for use as evidence in child protection proceedings and/or criminal proceedings.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by: \_\_\_\_\_

Name of Witness:.....

## Section 139 – Temporary Care Agreement with Child, Youth and Family

### AGREEMENT FOR TEMPORARY CARE OF CHILD OR YOUNG PERSON

(Section 139, Children, Young Persons, and Their Families Act 1989)

Agreement dated: \_\_\_\_\_ day of \_\_\_\_\_

BETWEEN the Chief Executive of the Ministry of Social Development  
and

of:

a parent

a guardian

a person having the care

of:

born on:

and of:

born on:

and of:

born on:

and of:

born on:

and of:

born on:

being temporarily unable (or unwilling) to care for, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, place, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ in the care of the and with the agreement of the Chief Executive of the Ministry of Social Development under section 139 of the Children, Young Persons, and Their Families Act 1989 for a period of \_\_\_\_\_ days,

commencing on:

and ending on:

## ON THE FOLLOWING CONDITIONS

1. Either party may terminate this agreement on 72 hours notice in writing.
2. During the period of the agreement, \_\_\_\_\_ will have access to the child (or young person) at the following times on the following conditions:
3. \_\_\_\_\_ authorise(s) the Chief Executive of the Ministry of Social Development to consent to the carrying out on, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ of any medical, surgical or dental procedure (including a blood transfusion).
4. If \_\_\_\_\_ is/are unable to resume the care of, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ on the date on which this agreement expires, then this agreement may be extended one further period of not more than 28 days.
5. \_\_\_\_\_ understand(s) that during the term of this agreement the Chief Executive of the Ministry of Social Development will have the same powers and responsibilities as if, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ had been placed in his care under section 101 of the Children, Young Persons, and Their Families Act 1989.

Signature:

Date:

| 20

Signature of:

parent

guardian

person having the care

of the child or young person)

I agree to accept the placement of, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ on the conditions set out in the agreement.

Signature:

Date:

| 20

Signature of person authorised to sign on behalf of the Chief Executive of the Ministry of Social Development



## Standard Operating Procedures CYP in Clandestine Laboratories

Updated 06 December 2016

