Welcome to Module 6, Part 1 of the Residential Child and Youth Care Practitioner Training.
In this module you will learn about:
● Universal precautions and infection control procedures
● COMAR policies and procedures for health and safety
● Red Cross Disaster Safety
● COMAR “child absent without leave” policy
● Cultural sensitivity to nutrition
● Food allergies
● Common childhood illnesses
● Commonly prescribed medication for children and adolescents

For the purposes of this module, residential child and youth care facilities may be referred to as facilities or agencies.

As a reminder, whenever COMAR is mentioned in this training, it is referring to COMAR 14.31.06 – The Standards for Residential Child Care Programs.
When spending time in a setting where you interact with many different people, the chance of getting sick or getting others sick can increase greatly. This is especially true in health care environments, where you can come in contact with people with a wide variety of different health histories. Some might have more common illnesses such as a cold or flu, while others might have much more severe concerns such as Hepatitis B, Hepatitis C, or HIV/AIDS. In fact, some people do not even know that they have such an illness, which might be transmitted through the air (like through a sneeze), by touch (like a handshake), or by the exchange of bodily fluids (like saliva, semen, or blood).
In order to protect health care workers and residents against the spread of a wide variety of infections and diseases, known and unknown, a set of general practices has been developed. These are called Universal Precautions. All RCYCPs in the state of Maryland receive initial and annual trainings that cover this material. Because you will receive additional training on this topic, this module will cover only the basics.
Let’s begin. Although universal precautions are typically used in medical environments, they have direct relevance to residential environments as well. Universal precautions can be broken into the following categories:

- Risk Assessment
- Hand Hygiene
- Physical Environment
Let’s begin with Risk Assessment
Before you have any interaction with a resident, you should conduct a quick risk assessment to evaluate the risk of infection or disease transmission. This can be accomplished by asking several questions:
Question 1: What task am I going to perform?

Be sure to think through what you are about to do with as much detail as possible. This process will become easier, and even automatic, as you gain more experience with different tasks in the residential care setting. For example, if you are helping a youth who has fallen and skinned his or her knee, think about the procedure you should follow.
Universal Precautions: Risk Assessment

What is the risk of exposure to bodily fluids (like blood, saliva, and other secretions)?

Think about:
✓ Physical Contact
✓ Proximity
✓ Materials you might touch, etc.

Question 2: What is the risk of exposure to bodily fluids, like blood, saliva, and other secretions?

Other than your immediate physical safety, exposure is the most important aspect of the risk assessment. Be sure to think through all the physical parts of the actions you will need to take – physical contact, proximity (how close you are), materials you might touch that contain bodily fluids, and so forth. For example, if you are helping a youth with a skinned knee, are you in a situation where you might come into contact with blood?
Question 3: What must I do before, during, and after the task to ensure best-practices hygiene?

An obvious answer to this question is thorough hand washing. You should be thinking through other hygiene-related tasks as well. For example, do you need to clean the area? Will there be biological waste that you will need to dispose of (like bandages or tissues)? Will you need any personal protective equipment to reduce the risk of exposure, like gloves or a mask? Are there any other regulations required by your residential facility?
Let’s talk about hand hygiene now.

One of the best ways to prevent the spread of infection and disease is to maintain good personal hygiene habits. An obvious example of this is coughing and sneezing into a tissue. Perhaps even more basic, however, is hand washing. As much as we might take hand washing for granted, it is in fact one of the most important ways to avoid getting sick and spreading illness. The key is to know when and how to wash.
When do you need to wash hands?

Before:
- Eating
- Preparing food
- Putting on gloves
- Having direct contact with residents for personal care
- Handling potentially contaminated items (such as dirty clothes or bandages)

After:
- Blowing your nose, or coughing/sneezing into your hands
- Cleaning and disinfecting surfaces
- Direct contact with any of your own body fluids (like when using the bathroom)
- Direct contact with residents for personal care
- Handling garbage or contaminated clothing
- Preparing food
- Removing any personal protective equipment (such as gloves or masks)
How should you wash your hands?

Good hand hygiene can be practiced with soap and water or with an alcohol-based hand rub. Before starting, make sure that there is soap and single-use towels (or air dryers), or alcohol-based hand rub near the point of care.
Universal Precautions:
Hand Hygiene

For soap and water washing:
- Wet hands and apply soap.
- Wash palm to palm, backs of hands, spaces between fingers, fingertips, thumbs and wrists, and fingernails.
- Washing should take approximately 40-60 seconds.
- Dry hands with a single-use towel or an air dryer.
- Use a towel to turn off the faucet.

For alcohol-based hand rubbing:
- Apply enough product to cover all areas of the hands: palms, backs of hands, spaces between fingers, finger tips, thumbs and wrists, and fingernails.
- Rub hands until dry.
- Cleaning should take approximately 20-30 seconds.

Let’s review proper hand washing:
● Wet hands and apply soap.
● Wash palm to palm, backs of hands, spaces between fingers, fingertips, thumbs and wrists, and fingernails.
● Washing should take approximately 40-60 seconds.
● Dry hands thoroughly with a single-use towel or an air dryer.
● Use a towel to turn off the faucet.

For alcohol-based hand rubbing:
● Apply enough product to cover all areas of the hands: palms, backs of hands, spaces between fingers, finger tips, thumbs and wrists, and fingernails.
● Rub hands until dry.
● Cleaning should take approximately 20-30 seconds.
Universal Precautions: Hand Hygiene

Click on the link to watch a short video on hand-washing from the Centers for Disease Control and Prevention:

“Proper Hand Washing as approved by CDC”

http://www.youtube.com/watch?v=z87ElgmssBQ

Click on the link to watch a short video on hand washing from the Centers for Disease Control and Prevention: “Proper Hand Washing as approved by CDC.”

http://www.youtube.com/watch?v=z87ElgmssBQ
Let’s talk about the physical environment now. In order to maintain a physical environment that minimizes the spread of infection and disease, the following must be in place:

- All work areas and equipment should be properly cleaned and disinfected on a routine basis.
- Protocols should be in place and followed for handling laundry and linens.
- There should be proper disposal of waste, such as needles and other sharp objects, as well as other biomedical waste, such as bloody bandages.
- Waste containers and hand hygiene product dispensers should be clearly marked and easily accessible.
Congratulations! You have completed Part 1 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 6, Part 2 of the Residential Child and Youth Care Practitioner Training.
Let’s now turn to a discussion of policies and procedures for health and safety issues. As you learned in Module 5, COMAR 14.31.06 has a number of regulations in place for residential child and youth care facilities that are designed to keep your facility healthy and safe for residents and staff. We will go over them now broadly. For more details, please be sure to familiarize yourself with COMAR’s regulations, along with any policies and procedures on health and safety that are specific to your agency.
Your agency is required to comply with all aspects of COMAR, in addition to other federal and state laws, as well as local building, fire, and health codes. Some examples resulting from these requirements include:

- sound building construction
- well-maintained playground and other recreational equipment
- working fire extinguishers
- slip-proof surfaces
- proper ventilation
Other examples resulting from these requirements include, but are not limited to:
● no environmental hazards, such as lead paint, asbestos, & radon
● no pests, such as insects and rodents
● proper infectious waste storage and disposal
● drinkable water
● and living areas that are clean, disinfected, and smoke- and pollutant-free.
In sum, the residential child and youth care facility must be in good working condition, well maintained, orderly, sanitary, and above all, safe for its residents and care providers.
In addition to regulations related to health and safety of the physical plant (that is to say, the agency buildings and property), there are a number of regulations related to general safety and emergencies.

In terms of general safety, COMAR requires that your facility:

● Has a written active safety plan
● Documents accidents
● Has first-aid kits that are appropriate to the size and nature of your program
COMAR Policies and Procedures: General Safety

COMAR policies require that your facility:

● Prohibits firearms and chemical weapons on the grounds or within the physical plant
● Follows appropriate health code standards for any poisonous, toxic, or flammable materials
● Prohibits the use of candles, except under the supervision of staff for use during celebrations
COMAR also requires that your facility:

● Keeps power-driven equipment in safe and good repair
● Ensures that power-driven equipment is used by children only under the direct supervision of an employee and in accordance with the law
● And ensures that, if animals are kept on the grounds or in the facilities, they are kept in accordance with local ordinances or state laws
Other general safety regulations cover:

- **Toys and equipment**: for example, toys used should be safely constructed and nontoxic.
- **Transportation**: for example, federal and State laws on child restraint should be complied with (that is to say, car seats, seat belts, etc., should be used in accordance with the child’s age and weight), and the person driving should be licensed to operate the vehicle.
- **Swimming pools, hot tubs, and spas**: for example, pools, hot tubs, and spas should be maintained in safe and sanitary condition.
Policies and Procedures: Emergency Situations
In addition to general safety, your facility has policies and procedures in place to deal with emergency situations.

Fire drills
Your agency should hold emergency fire drills at least monthly and a drill for each shift at least quarterly. Some of these drills will occur at unexpected times and under varying conditions. Evacuation procedures should be posted in conspicuous places on each floor of your facility. You should be familiar with these procedures, as well as your role in a drill. For example, you need to know how residents are evacuated, and where people meet to determine that all residents are out of danger.
Policies and Procedures: Emergency Situations

Procedures to know and follow:
- Communication protocols
- Ensuring info is accessible in the event of an evacuation
- Notification to parents/guardians/placing agency
- Evacuation, transportation, shelter-in-place plans
- Staff coverage
- How your facility will operate during a disaster

Emergency Plan: Your agency has an emergency plan in place for emergencies and disasters. You, as an RCYCP, should be familiar with this information. It includes:
- Communication protocols
- Ensuring that important information is immediately accessible in the event of an evacuation
- Notification to parents/guardians/placing agency regarding the action taken concerning the safety and well-being of the children
- Evacuation, transportation, shelter-in-place plans
- Staff coverage, and
- How your facility will operate during a disaster
Your agency should also have a posted list of emergency numbers next to all telephones. The list should include numbers for:

- Ambulance
- Fire
- Police
- Poison control
- The Program Administrator
Disaster Preparedness

The following section is devoted to disaster preparedness. The information covered in this module comes directly from the Red Cross and is geared toward helping individuals ensure their safety during a disaster. You, as an RCYCP, should be familiar with this information; however, you also should be familiar with your agency's own specific disaster policies and procedures, because they might vary somewhat from the general information covered here.

Material is directly From: Red Cross: http://www.redcross.org/prepare/disaster
Disaster Preparedness: Chemical Emergencies
Harmful and potentially harmful chemicals are found everywhere – in kitchens, medicine cabinets, basements, and garages. Most chemical accidents occur in people’s own homes and they can be prevented.
People can be exposed to harmful chemicals even though they might not be able to see or smell anything unusual. There are three ways they can be exposed:
● Breathing the chemical;
● Swallowing contaminated food, water, or medication; and
● Touching the chemical, or coming into contact with clothing or other items that have touched the chemical.
Fortunately, you can take a few simple precautions to help avoid many chemical emergencies. 

● Avoid mixing chemicals. Even common household products like ammonia and bleach can, when used in combination, create toxic gases.

● Always read and follow the directions when using a new product. Some products should not be used in small, confined spaces to avoid inhaling dangerous vapors. Other products should not be used without gloves and eye protection to help prevent direct contact with harmful chemicals.

● Store chemical products properly. Non-food products should be stored tightly closed in their original containers so people can always identify the contents of each container and how to properly use the product.

● Beware of fire. Never smoke while using household chemicals. Don't use hair spray, cleaning solutions, paint products, or pesticides near an open flame, including gas stoves, pilot lights, lighted candles, fireplaces, and wood burning stoves. Vapor particles in the air could catch fire or explode.

● Clean up any spills immediately with clean rags, being careful to protect eyes and skin. Allow the fumes in the rags to evaporate outdoors in a safe place, then wrap them in a newspaper and place the bundle in a sealed plastic bag. Dispose of these materials with the trash. Make sure fire extinguishers are handy.

● Dispose of unused chemicals properly. If there are questions about how to dispose of a chemical, call facility administrators or the local environmental or recycling agency to learn the proper method of disposal.
The many organizations that help a community in an emergency, such as (1) police, fire, and sheriff’s departments, (2) the American Red Cross, and government agencies, (3) all coordinate their activities through the local office of emergency management. (4) In many areas, there are local Hazardous Materials, or Haz-Mat, Teams, who are trained to respond to chemical accidents. If an accident involving hazardous materials occurs, those who are potentially affected will be notified by the authorities regarding what steps to take.
The most common home chemical emergencies involve children ingesting medicine outside of supervised treatment.

- Keep all medicines, cosmetics, cleaning products, and other household chemicals out of sight and out of reach of children.
- Keep medications in the containers they came in. Make sure they are kept out of children’s reach and locked up.
- Medication should be used only as directed.
- Be aware of the possible side effects and any possible interactions with other medications someone else is taking. Ask a health care provider or pharmacist if there are any questions.
- Never use another person’s prescribed medications or medications that have expired.
Disaster Preparedness: Poisoning

As you have recently learned, the most common chemical emergency involves children ingesting medicines. Let’s take a moment and discuss poisoning since it is so closely related to chemical emergencies.

More than 2 million poisonings are reported each year across the country. **Poisons can be swallowed, inhaled, absorbed, or injected.**
Congratulations! You have completed Part 2 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner (RCYCP) Training

Welcome to Module 6, Part 3 of the Residential Child and Youth Care Practitioner Training.
If someone in your facility eats or drinks a non-food substance, or you suspect a poisoning, call the Poison Control Center (1-800-222-1222) or 911. Do NOT give anything by mouth until you have been advised by medical professionals.

Disaster Preparedness: Chemical Emergencies
If someone in your facility does eat or drink a non-food substance, find the container it came out of immediately and take it with you to the phone. Call the Poison Control Center (1-800-222-1222), or Emergency Medical Services (EMS), or 9-1-1, or call the operator, and tell them exactly what the person ingested.

Follow their instructions carefully. Please be aware that the first aid advice found on the container may not be appropriate. Do not give anything by mouth until you have been advised by medical professionals.
Disaster Preparedness: Carbon Monoxide Poisoning

Carbon monoxide poisoning is another danger that you should be prepared for. Your facility should have carbon monoxide detectors present and in good working order. It’s good to be in the habit of periodically checking both carbon monoxide detectors and smoke detectors, and changing the batteries at least twice a year.

If the carbon monoxide alarm sounds, move quickly to a fresh air location outdoors or to an open window or door.

In order to help prevent carbon monoxide poisoning, never use a generator, grill, camp stove or other gasoline, propane, natural gas or charcoal-burning device inside a facility, home, garage, basement, or any partially enclosed area.

Know the symptoms of carbon monoxide poisoning: headache, dizziness, weakness, nausea, vomiting, sleepiness, and confusion. If you suspect carbon monoxide poisoning, get outside to fresh air immediately and then call 9-1-1.
Now let’s turn to another type of emergency that every facility should be prepared for: fires. Your facility should have a fire escape plan in place, and all staff and residents should be familiar with that plan. Smoke alarms should be present and working at your facility.
The most effective way to protect yourself and your site from fire is to identify and remove fire hazards. Here are some other rules that staff and residents should follow:

● Keep items that can catch on fire at least three feet away from anything that gets hot, such as space heaters.
● Never smoke in bed.
● Matches and lighters should be kept out of reach of children.
● Turn portable heaters off when you leave the room.
Staff and residents should also be aware of the following:

- Never disable smoke alarms.
- Stay in the kitchen when frying, grilling, or broiling food. If you leave the kitchen, even for a short period of time, turn off the stove.
- Stay in the facility while simmering, baking, roasting or boiling food. Check it regularly and use a timer to remind you that food is cooking.
- Keep anything that can catch fire—like pot holders, towels, plastic and clothing—away from the stove.
If a fire should occur at your facility, the most important thing you can do is GET OUT, STAY OUT, and CALL for help. Once you have exited, do not go back inside, or allow others to do so. A fire can be unpredictable, and even a minor fire can turn deadly in a matter of seconds.
Disaster Preparedness:
Fire Safety

Guidelines for making it out of a fire safely:

- Do NOT open doors that are warm to the touch
- Crawl below smoke
- Go to designated outside meeting place
- If exits are blocked, stay in room with doors closed
- Place a wet towel under the door and call 9-1-1
- Open a window to signal for help.

Here are a few other guidelines for making it out of a fire safely:
- If closed doors or handles are warm, use your second way out. Never open doors that are warm to the touch.
- Crawl below smoke.
- Go to a designated outside meeting place and then call for help.
- If smoke, heat, or flames block your exit routes, stay in the room with doors closed. Place a wet towel under the door and call the fire department or dial 9-1-1. Open a window and wave a brightly colored cloth or flashlight to signal for help.
Disaster Preparedness: Fire Safety

Remember the word PASS when using a fire extinguisher:

- **P** – Pull the pin and hold the extinguisher with the nozzle pointing away from you.
- **A** – Aim low. Point the extinguisher at the base of the fire.
- **S** – Squeeze the lever slowly and evenly.
- **S** – Sweep the nozzle from side to side.

Use Caution with Fire Extinguishers. Remember the word PASS when using a fire extinguisher:

- **P** – Pull the pin and hold the extinguisher with the nozzle pointing away from you.
- **A** – Aim low. Point the extinguisher at the base of the fire.
- **S** – Squeeze the lever slowly and evenly.
- **S** – Sweep the nozzle from side to side.
Disaster Preparedness: General Information

Let’s switch gears and talk about weather-related disaster preparedness. Before we discuss specific weather related disasters, let’s go over general disaster preparedness information – that is, information that is important no matter what the type of disaster. After that, you will hear information that is specific to certain weather events.

General Disaster Preparedness:
Anytime there is an impending weather-related disaster it is important to take the appropriate steps to stay safe.

During any storm, listen to local news or the radio to stay informed about watches and warnings.

● The term “watch,” such as “winter storm watch”, means weather events are possible in and near the watch area.

● The term “warning,” such as “winter storm warning,” means weather events are imminent in the warning area.

Know your community’s warning system. Communities have different ways of warning residents about weather events, with many having sirens intended for outdoor warning purposes. Click on the siren icons for examples.

Also, keep a disaster supply kit handy.
Recommended Disaster Supplies

Recommended disaster supplies include:

- Water—at least a 3-day supply; one gallon per person per day
- Food—at least a 3-day supply of non-perishable, easy-to-prepare food
- Flashlight
- Battery-powered or hand-crank radio
- Extra batteries
- A first-aid kit and medications (7-day supply) and any needed medical items like hearing aids with extra batteries, glasses, contact lenses, syringes, etc.
- Multipurpose tool
- Sanitation and personal hygiene items
- Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
- Cell phone with chargers
- Emergency contact information
- Extra cash
- Emergency blanket
- Map(s) of the area
- Baby supplies (bottles, formula, baby food, diapers) if applicable
- Pet supplies (collar, leash, ID, food, carrier, bowl) if applicable
- Tools/supplies for securing your home
- Extra set of car keys and house keys
- Extra clothing, hat and sturdy shoes
- Clothes specific to the season and type of disaster such as rain gear, warm coats, gloves or mittens, hats, boots and extra blankets, and warm clothing
- Insect repellent and sunscreen if relevant
Disaster Preparedness: The Aftermath

During, or in the aftermath of a disaster, the following Red Cross guidelines are important:

● Check yourself for injuries and get first aid, if necessary, before helping injured or trapped persons.
● Protect yourself against injury from broken objects.
● Look quickly for damage in and around your site, and have everyone exit if the site is unsafe.
● Listen to a portable, battery-operated, or hand-crank radio for updated emergency information and instructions.
● Check the telephones in your workplace to see if you can get a dial tone. Make brief calls to report life-threatening emergencies.
● If you have been forced to evacuate your area, return only when officials say it is safe.
● Keep away from loose or dangling power lines and report them immediately to the power company.
● If you smell natural or propane gas or hear a hissing noise, leave immediately and call the fire department.
● Use flashlights in the dark. Do NOT use candles.
● Avoid drinking or preparing food with tap water until you are sure it’s not contaminated.
● Check refrigerated food for spoilage. If in doubt, throw it out.
● Wear protective clothing and be cautious when cleaning up to avoid injury.
● Obey evacuation orders. Avoid flooded roads and washed out bridges.
● Stay out of any building that has water surrounding it.
● Never drive through a flooded roadway. You cannot predict how deep the water may be.
● Help people who may require special assistance, such as infants, children and the elderly or disabled.
● Check your disaster supplies. Replace or restock as needed.
Disaster Preparedness: Shelter in Place

Your local authorities will provide you with the most accurate information specific to an event in your area. Staying tuned to local radio and television, and following their instructions is your safest choice.

If you are advised by local officials to "shelter in place," they mean you are to remain inside your home or office and protect yourself there. Pay attention to news and radio reports for further information. Local officials may call for evacuation in specific areas at greatest risk in your community.

Now that you have heard the general guidelines, let's focus on specific weather-related events.
Disaster Preparedness: Earthquakes

An earthquake is a sudden, rapid shaking of the earth caused by the breaking and shifting of rock beneath the earth’s surface. Earthquakes strike suddenly, without warning, and they can occur at any time of the year, day or night.
Become aware of fire evacuation and earthquake safety plans for all of the buildings you occupy regularly.

Pick safe places in each room of the buildings you frequent. (1)A safe place could be under a piece of furniture or against an interior wall. Stay away from windows, bookcases or tall furniture that could fall on you.
If You Are Inside When the Shaking Starts...
- Drop, cover, and hold on. Move as little as possible.
- Stay away from windows to avoid being injured by shattered glass.
- Stay indoors until the shaking stops and you are sure it is safe to exit. When it is, use stairs rather than the elevator in case of aftershocks, power outages, or structural damage.
- Be aware that fire alarms and sprinkler systems frequently go off in buildings during an earthquake, even if there is no fire.
Congratulations! You have completed Part 3 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner (RCYCP) Training

Welcome to Module 6, Part 4, of the Residential Child and Youth Care Practitioner Training.
Disaster Preparedness: Flood Safety
Floods are among the most frequent and costly natural disasters.

Conditions that cause floods include heavy or steady rain for several hours or days that saturates the ground. Flash floods occur suddenly due to rapidly rising water along a stream or low-lying area.

You will likely hear weather forecasters use these terms when floods are predicted in your community:

Flood/Flash Flood Watch—Flooding or flash flooding is possible in your area.

Flood/Flash Flood Warning—Flooding or flash flooding is already occurring or will occur soon in your area.
In the event of flooding in your area:

- Be prepared to evacuate at a moment’s notice.
- Stay away from floodwaters. If you come upon a flowing stream where water is above your ankles, stop, turn around and go another way. Six inches of swiftly moving water can sweep you off of your feet.
- If you come upon a flooded road while driving, turn around and go another way. If you are caught on a flooded road and waters are rising rapidly around you, get out of the car quickly and move to higher ground. Most cars can be swept away by less than two feet of moving water.
Keep people out of the water. People can be curious and often lack judgment about running water or contaminated water.

Be especially cautious at night when it is harder to recognize flood danger.

Do not enter an area that has been hit by a flood unless officials have declared the area safe.

Keep kids and animals away from hazardous sites and floodwater.
Disaster Preparedness: Hurricanes

Hurricanes are strong storms that can be life-threatening as well as cause serious property-threatening hazards such as flooding, storm surge, high winds and tornadoes.

Your facility should have a hurricane evacuation plan in place. Make sure you are familiar with this plan.
Disaster Preparedness: Thunderstorms

A thunderstorm is considered severe if it produces hail at least 1 inch in diameter or has wind gusts of at least 58 miles per hour. Every thunderstorm produces lightning, which kills more people each year than tornadoes or hurricanes. Heavy rain from thunderstorms can cause flash flooding, and high winds can damage homes and blow down trees and utility poles, causing widespread power outages.
Be prepared for thunderstorms and severe weather:

- Watch for signs of a storm, like darkening skies, lightning flashes or increasing wind.
- Postpone outdoor activities if thunderstorms are likely to occur. Many people struck by lightning are not in the area where rain is occurring.
- If a severe thunderstorm warning is issued, take shelter in a substantial building or in a vehicle with the windows closed. Get out of mobile homes that can blow over in high winds.
- If you can hear thunder, you are close enough to be in danger from lightning. If thunder roars, go indoors! The National Weather Service recommends staying inside for at least 30 minutes after the last thunder clap.
Disaster Preparedness: Thunderstorms

- During a thunderstorm
- Avoid electrical equipment and telephones.
- Shutter windows and close outside doors securely. Keep away from windows.
- Do not take a bath, shower or use plumbing.
- If you are driving, try to safely exit the roadway and park. Stay in the vehicle and turn on the emergency flashers until the heavy rain ends.
- If you are outside and cannot reach a safe building, avoid high ground; water; tall, isolated trees; and metal objects such as fences or bleachers. Picnic shelters, dugouts, and sheds are NOT safe.

- Avoid electrical equipment and telephones. Use battery-powered TVs and radios instead.
- Shutter windows and close outside doors securely. Keep away from windows.
- Do not take a bath, shower or use plumbing.
- If you are driving, try to safely exit the roadway and park. Stay in the vehicle and turn on the emergency flashers until the heavy rain ends. Avoid touching metal or other surfaces that conduct electricity in and outside the vehicle.
- If you are outside and cannot reach a safe building, avoid high ground; water; tall isolated trees; and metal objects such as fences or bleachers. Picnic shelters, dugouts, and sheds are NOT safe.
Disaster Preparedness: Thunderstorms

Follow these steps if someone has been struck by lightning:

- **Call for help!**
  - Call 9-1-1.

- **Check for burns and other injuries.**
  - If the person has stopped breathing, begin CPR.
  - If the person is breathing, look for possible injuries.

- People who have been struck by lightning do NOT retain an electrical charge and can be handled safely.

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**If Lightning Strikes**

Follow these steps if someone has been struck by lightning:

- **Call for help.** Call 9-1-1 or the local emergency number. Anyone who has sustained a lightning strike requires professional medical care.
- **Check the person for burns and other injuries.** If the person has stopped breathing, call 9-1-1 and begin CPR. If the person is breathing normally, look for other possible injuries and care for them as necessary. People who have been struck by lightning do not retain an electrical charge and can be handled safely.
Disaster Preparedness: Tornadoes

Tornadoes are violent by nature. They are capable of completely destroying well-made structures, uprooting trees and hurling objects through the air like deadly missiles. A tornado is a violently rotating column of air extending from the base of a thunderstorm down to the ground.

Tornado intensities are classified on the Fujita Scale with ratings between F0 (weakest) to F5 (strongest). Although severe tornadoes are more common in the Plains States, tornadoes have been reported in every state.
How to Prepare for a Tornado

In the case of a tornado watch, review and discuss your emergency plans, and check supplies and your safe room. Be ready to act quickly if a warning is issued or you suspect a tornado is approaching. Acting early helps to save lives! Move or secure lawn furniture, trash cans, hanging plants or anything else that can be picked up by the wind and become a projectile.

Tornado warnings indicate imminent danger to life and property. In the event of a tornado warning, go immediately underground to a basement, storm cellar or an interior room (closet, hallway or bathroom) on the lowest floor with no windows.

Mobile homes are not safe during tornados or other severe winds.
Disaster Preparedness: Tornadoes

If you are caught outdoors, seek shelter in a basement, shelter, or sturdy building. If you cannot quickly walk to a shelter:
- Immediately get into a vehicle, buckle your seat belt, and try to drive to the closest sturdy shelter.
- If flying debris occurs while you are driving, pull over and park. Now you have the following options as a last resort:
  - Stay in the car with the seat belt on. Put your head down below the windows, covering with your hands and a blanket if possible.
  - If you can safely get noticeably lower than the level of the roadway, exit your car and lie in that area, covering your head with your hands.
Your choice should be driven by your specific circumstances.
Disaster Preparedness: Tornadoes

Watch for tornado danger signs:
- Dark, often greenish clouds
- Wall cloud – an isolated lowering of the base of a thunderstorm
- Cloud of debris
- Large hail
- Funnel cloud – a visible rotating extension of the cloud base
- Roaring noise

It can be helpful to know and watch for tornado danger signs:
- Dark, often greenish clouds – a phenomenon caused by hail
- Wall cloud – an isolated lowering of the base of a thunderstorm
- Cloud of debris
- Large hail
- Funnel cloud – a visible rotating extension of the cloud base
- Roaring noise
Congratulations! You have completed Part 4 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner (RCYCP) Training

Welcome to Module 6, Part 5, of the Residential Child and Youth Care Practitioner Training.
Let’s talk about winter storms now. Winter storms can range from a moderate snow over a few hours to a blizzard with blinding, wind-driven snow that lasts for several days. Some winter storms are large enough to affect several states, while others affect only a single community. Many winter storms are accompanied by dangerously low temperatures and sometimes by strong winds, icing, sleet, and freezing rain.

Regardless of the severity of a winter storm, you should be prepared in order to remain safe during these events.
Disaster Preparedness: Winter Storms

Remaining safe during a winter storm is important:

- Running water, even at a trickle, helps prevent pipes from freezing.
- All fuel-burning equipment should be vented to the outside and kept clear.
- Avoid driving when conditions include sleet, freezing rain or drizzle, snow or dense fog. If travel is necessary, keep a disaster supplies kit in your vehicle.
- Before tackling strenuous tasks in cold temperatures, consider your physical condition, the weather factors and the nature of the task.
- Protect yourself from frostbite and hypothermia by wearing warm, loose-fitting, lightweight clothing in several layers. Stay indoors, if possible.
Disaster Preparedness: Terrorism

Let's move away now from talking about weather disasters to other types of situations, that while unlikely, are important to be prepared to handle. We will begin with terrorism.

If an Event of Terrorism Occurs
• Remain calm and be patient.
• Follow the advice of local emergency officials.
• Listen to your radio or television for news and instructions.
• Check for injuries.
• Give first aid and get help for seriously injured people.
If an Event of Terrorism Occurs Near Your Home While you Are There

● Check for damage using a flashlight. Do not light matches or candles or turn on electrical switches.
● Check for fires, fire hazards and other household hazards. Sniff for gas leaks, starting at the water heater.
● If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
● Shut off any other damaged utilities.
● Confine or secure your pets.
● Call your family contact—do not use the telephone again unless it is a life-threatening emergency.
If local authorities ask you to leave the place where you are, they have a good reason to make this request, and you should heed the advice immediately. Listen to your radio or television and follow the instructions of local emergency officials. Your local authorities will provide you with the most accurate information specific to an event in your area. Staying tuned to local radio and television, and following their instructions is your safest choice.

If you are advised by local officials to "shelter in place," what they mean is for you to remain inside your home or office and protect yourself there. Pay attention to news and radio reports for further information. Local officials may call for evacuation in specific areas at greatest risk in your community.
Exposure to a Terror Attack

It is important to be mindful of children’s exposure to events. Raw, unedited footage of terrorism events and people's reaction to those events can be very upsetting, especially to children. The Red Cross does not recommend that children watch television news reports about such events, especially if the news reports show images over and over again about the same incident. Adults may also need to give themselves a break from watching disturbing footage. However, listening to local radio and television reports will provide you with the most accurate information from responsible governmental authorities on what's happening and what actions you will need to take.
Management of Life Threatening Situations: Break-ins, Intruders, and Disruptive Visitors

In addition to weather-related disaster policies and procedures, your agency will also have information about the management of life threatening situations such as break-ins, intruders, and disruptive visitors. Since policies and procedures for these types of situations vary by agency, it will not be covered in this module. Be sure to familiarize yourself with your agency’s policies and procedures for these types of situations.

In the event of any type of disaster or life threatening situation, and in addition to any emergency responder you call, you will need to contact your program administrator, or the designated contact to inform them of the situation.

As always, be familiar with the specific disaster preparedness policies and procedures where you work.
Finally, let’s discuss the policies and procedures for when a child has been discovered missing from your residential child care facility. This is a situation that is referred to as “child absent without leave.” Your agency will have a written policy in place for this type of situation. Once again, be familiar with this policy and its procedures. Let’s look at COMAR’s guidelines for absent without leave situations.
According to COMAR, unless otherwise specified in the child’s individual plan of care, if the child has not returned to the program within 1 hour of the program discovering that the child is missing or unaccounted for, your agency will immediately notify:

- The local law enforcement authority
- The placing agency
- The licensing agency, and
- The child’s parent or legal guardian, unless inconsistent with the child’s plan of care.
When a child who was missing or unaccounted for returns to the program, your agency will immediately notify:

- The local law enforcement authority
- The child’s parent or legal guardian
- The placing agency, and
- The licensing agency
Congratulations! You have completed Part 5 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner (RCYCP) Training

Welcome to Module 6, Part 6 of the Residential Child and Youth Care Practitioner Training.
Let’s talk now about cultural sensitivity to nutrition. We have talked about the way that culture affects individuals and the importance of being culturally competent. Another significant way that culture affects people is through nutrition. Food choices, which can be very personal, are influenced by culture. For many people, culture-specific foods are linked to their families. The youth you work with may feel a strong sense of identification with certain cultural foods, or may feel connected to their family through their choice of foods. They might also reject certain cultural foods as a way to distance themselves from their family.
Let’s look at the ways that foods vary among cultures. Culture influences how people prepare food, how they use seasonings, when they eat, how often they eat, and what they eat. It also affects how they share their meals with others. Are meals a social time, or for eating only? These practices can differ from region to region and from family to family.
Food: Cultural Sensitivity to Nutrition

What can you do to be sensitive to these cultural and family food practices?

- Be respectful of traditions related to food
- Observe, ask questions, and share food experiences
- Demonstrate that you are open-minded, non-judgmental, and trustworthy.

So what can you do as an RCYCP to be sensitive to these cultural and family food practices? Be respectful of the variety of cultural traditions related to food and the wide variation in food practices within and among cultural groups. Observe, ask questions, and share food experiences to get a better understanding of these practices among the youth with whom you work. Demonstrate that you are open-minded, non-judgmental, and trustworthy. Holidays can be a great way to learn about people's food practices within their culture because holidays typically have an emphasis on food.
Food: Food Allergies

Let’s take a moment now to talk about food allergies. Each year millions of people have allergic reactions to food. Although most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions, and may even be life threatening. Since there is no cure for food allergies, people must avoid food allergens. If they ingest something they are allergic to, they must take appropriate steps to prevent serious health consequences.

While there are more than 160 foods that can cause allergic reactions in people with food allergies, the eight most common foods (and the ones that, by law, must be identified on food packages) are:

- Milk
- Eggs
- Fish
- Crustacean shellfish
- Tree nuts
- Peanuts
- Wheat
- Soybeans

It is likely that some of the kids you work with will have food allergies. This information should be known to the individuals themselves, as well as to the staff at your facility. First and foremost, be aware of any policies and procedures that your facility has in place to deal with a food allergen issue among any residents.
People with food allergies should be taught to read labels and avoid the offending foods.

The law requires that food labels identify the food source of all major food allergens. It may be identified in several different ways:

- It may be in the food name itself (for example: peanuts)
- It may be listed in the ingredient list on the package (for example: contains: sugar, peanuts…)
- It may be in parentheses following the name of the ingredient (for example: “lecithin (soy),” “flour (wheat),” and “whey (milk)”)
- It may be immediately after or next to the list of ingredients in a “contains” statement (for example: “Contains Wheat, Milk, and Soy”)
- It may be after the list of ingredients in a “made in” statement, (for example: “made in a plant that processes peanuts”)

You can help the youth you work with become more responsible for their food allergies, if they aren’t already, by having them read labels on foods to become familiar with identifying allergens.
Additionally, individuals with food allergies and the people who work with them need to be aware of potential reactions to allergens, be able to recognize reactions early, as well as know what to do in the event of a reaction.

Allergic reactions can include:

● Hives
● Flushed skin or rash
● Tingling in mouth or itchy sensation in the mouth
● Face, tongue, or lip swelling
● Vomiting and/or diarrhea
● Abdominal cramps
● Coughing or wheezing
● Dizziness and/or lightheadedness
● Swelling of the throat and vocal cords
● Difficulty breathing
● Loss of consciousness
Initially, mild symptoms that occur after ingesting a food allergen can become severe and lead to a life-threatening allergic reaction called anaphylaxis. Anaphylaxis can lead to constricted airways in the lungs, severe lowering of blood pressure and shock, and suffocation by swelling of the throat.

Some kids may have epi-pens (injectable epinephrine) that they have on hand in case of an allergic reaction. Other kids might need allergy medication such as Benadryl to treat their allergic reactions. Some might even need emergency services. This information should be available to you and the other staff who work with a child with food allergies. Once again, be familiar with the policies and procedures to deal with an allergic reaction.

Being aware of food allergies and taking proper precautions is of extreme importance and can mean the difference between life and death. Click on the link to read an article about a tragic food allergy event.

Article about California Girl at Family Camp in Sacramento:
Congratulations! You have completed Part 6 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner (RCYCP) Training
Welcome to Module 6, Part 7 of the Residential Child and Youth Care Practitioner Training.
Common Childhood Illnesses

As an RCYCP you will be working with children in close quarters. You might remember from being in school that when one person gets sick, those germs are often spread quickly to others in the same class. The same is true in residential care. One person getting sick can start a chain reaction of other people getting sick.

The best way to prevent the spread of illness is to practice good hygiene, which includes proper hand washing. Another important way to prevent the spread of illness is to recognize the symptoms of an illness early, so that the illness can be treated before it spreads. Being familiar with the signs and symptoms of common childhood illnesses can help you, as an RCYCP, identify children who are sick and should receive treatment. Let’s look at some of the most common childhood illnesses now.
Common Childhood Illnesses: Chickenpox

What is chickenpox?

Chickenpox (also known as varicella) is a common illness that causes an itchy rash and red spots or blisters (pox) all over the body. It is most common in children. But most people will get chickenpox at some point in their lives if they haven't had the chickenpox vaccine. Chickenpox usually isn't a serious health problem in healthy children. But a child with chickenpox needs to stay home from school.
What causes chickenpox, and how is it spread?

Chickenpox is caused by the varicella-zoster virus. It can spread easily. People can get it from an infected person who sneezes, coughs, or shares food or drinks. People can also get it if they touch the fluid from a chickenpox blister.

A person who has chickenpox can spread the virus even before he or she has any symptoms. Chickenpox is most easily spread from 2 to 3 days before the rash appears until all the blisters have crusted over.

People are at risk for chickenpox if they have never had the illness and haven't had the chickenpox vaccine.
What are the symptoms?

The first symptoms of chickenpox usually develop about 14 to 16 days after contact with a person infected with the virus. Most people feel sick and have a fever, a decreased appetite, a headache, a cough, and a sore throat. The itchy chickenpox rash appears about 1 or 2 days after the first symptoms start.

After a chickenpox red spot appears, it usually takes about 1 or 2 days for the spot to go through all its stages. This includes blistering, bursting, drying, and crusting over. New red spots will appear every day for up to 5 to 7 days.

It usually takes about 10 days after the first symptoms before all blisters have crusted over. This is when the person with chickenpox can return to school or work.
How is chickenpox diagnosed?

Chickenpox is diagnosed upon exam and discussion of symptoms. A healthy child with chickenpox symptoms may not need to visit a doctor. Sometimes a discussion of symptoms with a doctor by phone is enough.
How is it treated?

Most healthy children and adults need only home treatment for chickenpox. Home treatment includes resting and taking medicines to reduce fever and itching. People can soak in oatmeal baths to help with itching. People with long-term diseases or other health problems may need more treatment for chickenpox, including immunoglobulin treatment (IG) or antiviral medicine.
How can you prevent chickenpox?

People can prevent chickenpox with the chickenpox vaccine. Children get the chickenpox vaccine as part of their routine immunizations. If you have been around a person who has the virus and you have not had chickenpox or the vaccine, you still may be able to prevent the illness. Get a shot of chickenpox antibodies or the vaccine right away.
Common Childhood Illnesses: Colds

Everyone gets a cold from time to time. Children get more colds than adults. Colds usually last 1 to 2 weeks. People can catch a cold at any time of year, but they are more common in late winter and early spring.

There is no cure for a cold. Antibiotics will not cure a cold. When people catch colds, they can simply treat the symptoms.
Common Childhood Illnesses: Colds

What are the symptoms?

Lots of different viruses cause colds, but the symptoms are usually the same:
● Runny nose and sneezing
● Red eyes
● Sore throat and cough
● Headaches and body aches

Typically, people feel a cold come on over the course of a couple of days. As the cold gets worse, a person’s nose may get stuffy with thicker mucus.

A cold is not the same as the flu (influenza). Flu symptoms are worse and come on faster. People who have the flu feel very tired. They may also have a fever and shaking chills, lots of aches and pains, a headache, and a cough.

When cold symptoms last more than 2 weeks, or when people feel sick with a cold all of the time, it may signal other problems such as allergies or sinusitis. Call a doctor if this occurs.
What can be done for a cold?

There are a number of things people can do to help themselves when they are sick with a cold.

Get extra rest. Slow down just a little from their usual routine. They don't need to stay home in bed, but they should try not to expose others to their cold.

Drink plenty of fluids. Hot water, herbal tea, or chicken soup will help relieve a stuffy nose and head.

Take ibuprofen (such as Advil or Motrin), or acetaminophen (such as Tylenol) to relieve aches. They should be sure to follow the package instructions carefully.

Use a humidifier in the bedroom and take hot showers to relieve a stuffy nose and head. Saline drops may also help thin or dried mucus to drain.

Gargle with warm salt water to make throats feel better.

Put a little dab of Vaseline on the parts of the nose that are red and raw from blowing.

Using a product containing zinc may help shorten the length of a cold by up to a day, but it has to be taken as soon as people have any cold symptoms.

A nasal decongestant spray can help stuffy noses, but should not be taken for more than 3 days in a row.

People who take medicine for colds should be careful to check the directions, dosages, and warnings on all the package labels.
When should people call a doctor? If:
• they have trouble breathing.
• they have a fever of 104°F (40°C) or higher.
• they have new symptoms that are not part of a cold, like a stiff neck or shortness of breath.
• they cough up yellow, green, or bloody mucus.
• mucus from their nose is thick like pus or is bloody.
• they have pain in their face, eyes, or teeth that does not get better with home treatment, or they have a red area on their face or around their eyes.
• their cold seemed to be getting better after a few days but is now getting worse with new symptoms.
How can people prevent colds?
There are several things people can do to help prevent colds:
● Wash their hands often.
● Be extra careful in winter and when they are around people with colds.
● Keep their hands away from their faces. Peoples’ noses, eyes, and mouths are the most likely places for germs to enter bodies.
● Eat well, and get plenty of sleep and exercise. This keeps bodies strong so it can fight colds.
● Do not smoke. Smoking makes it easier to get a cold and harder to get rid of one.
Common Childhood Illnesses: Flu

Influenza (commonly known as “the flu”) is an infection of the nose, throat, and lungs caused by influenza viruses. There are many different influenza viruses that are constantly changing. The most important way people can protect themselves from the flu is to get an annual flu vaccine. Symptoms of the flu can include:

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headaches
- Chills
- Fatigue
- And sometimes vomiting and/or diarrhea

Some people with the flu will not have a fever.

Flu illness can vary from mild to severe. It can be especially dangerous for young children, and children of any age who have other health conditions, such as asthma, diabetes, neurological and neurodevelopmental conditions, and those who have weakened immune systems due to disease or medication.
When should people call a doctor?
Call for emergency care, or take a child to the doctor immediately if a child of any age has any of the following warning or emergency signs:
• Fast breathing or trouble breathing
• Bluish or gray skin color
• Not drinking enough fluids as seen by not going to the bathroom or making as much urine as they normally do
• Severe or persistent vomiting
• Not waking up or not interacting
• Flu-like symptoms improve but then return with fever and a worse cough
• If a child has other conditions, such as asthma, and develops flu symptoms including fever and/or cough
Common Childhood Illnesses: Flu

Treatment for the flu can include doctor-prescribed antiviral drugs that help to make people feel better and get better sooner, as well as help to prevent serious flu complications like pneumonia. They work best when they are started during the first two days of illness and can be critical to help those individuals who have other health conditions.

Other over-the-counter medications such as those used to treat colds can be helpful to ease flu symptoms. Some of these include Tylenol, ibuprofen, and decongestants.
Congratulations! You have completed Part 7 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 6, Part 8 of the Residential Child and Youth Care Practitioner Training.
Common Childhood Illnesses: Sinusitis

Sinusitis (more commonly known as a sinus infection) is an inflammation, or swelling, of the tissue lining the sinuses. Normally, sinuses are filled with air, but when sinuses become blocked and filled with fluid, germs (bacteria, viruses, and fungi) can grow and cause an infection.

Most sinus infections are caused by a virus, although some can be caused by bacteria.

Other causes of sinus infections include:
- Allergies
- Pollutants (such as airborne chemicals or irritants)
- Fungal infections
- Structural problems with the nasal cavity (such as blockage of nasal ducts)
- A weak immune system
Signs and symptoms of a sinus infection include:

- Facial pain/pressure
- Nasal stuffiness
- Nasal discharge
- Loss of smell
- Cough/congestion
- Fever
- Bad breath
- Fatigue
- Dental pain
- Sore throat
Sometimes it can be difficult to tell whether these symptoms are the result of a cold or a sinus infection. Most colds go away without medical treatment. Some viral sinus infections also clear up on their own.

A doctor should be called if a child has pain around his/her face or eyes along with thick yellow or green nasal discharge for more than a week.

Also, a doctor should be called if a child has a fever or symptoms that are severe or do not get better with over-the-counter treatments.

Sinusitis is first treated with medication. Antibiotics are usually used if symptoms persist for more than 10 days.

Decongestants and other drugs help decrease the swelling in the sinuses and nasal passages.

Steam, humidifiers, and hot showers may be recommended to loosen mucus.
Common Childhood Illnesses: Coughs
Coughing is the body’s way of removing foreign material or mucus from the lungs and upper airway passages.

A cough is only a symptom, not a disease, and often the importance of a cough can be determined only when other symptoms are evaluated.
Productive coughs
A productive cough produces phlegm or mucus (sputum). The mucus may have drained down the back of the throat from the nose or sinuses or may have come up from the lungs. A productive cough generally should not be suppressed; it clears mucus from the lungs. There are many causes of a productive cough, such as:

- Viral illnesses. It is normal for people to have a productive cough when they have a common cold. Coughing is often triggered by mucus that drains down the back of the throat.
- Infections. An infection of the lungs or upper airway passages can cause a cough. A productive cough may be a symptom of pneumonia, bronchitis, sinusitis, or tuberculosis.
- Chronic lung disease. A productive cough could be a sign that a lung disease is getting worse or that someone has an infection.
- Stomach acid backing up into the esophagus. This type of coughing may be a symptom of gastroesophageal reflux disease (GERD) and may awaken kids from sleep.
- Nasal discharge (postnasal drip) draining down the back of the throat.
A dry, hacking cough may develop toward the end of a cold or after exposure to an irritant, such as dust or smoke.

CAUSES:
- Viral illnesses
- Bronchospasm
- Allergies
- Exposure
- Asthma
- Blockage of the airway

Nonproductive coughs

A nonproductive cough is dry and does not produce sputum. A dry, hacking cough may develop toward the end of a cold or after exposure to an irritant, such as dust or smoke. There are many causes of a nonproductive cough, such as:

- Viral illnesses. After a common cold, a dry cough may last several weeks longer than other symptoms and often gets worse at night.
- Bronchospasm. A nonproductive cough, particularly at night, may mean spasms in the bronchial tubes (bronchospasm) caused by irritation.
- Allergies. Frequent sneezing is also a common symptom of allergic rhinitis.
- Exposure to dust, fumes, and chemicals.
- Asthma. A chronic dry cough may be a sign of mild asthma. Other symptoms may include wheezing, shortness of breath, or a feeling of tightness in the chest.
- Blockage of the airway by an inhaled object, such as food or a pill.

Many coughs are caused by a viral illness. Antibiotics are not used to treat viral illnesses and do not change the course of viral infections. The significance of the cough is determined by a doctor upon examination of other symptoms.
Common Childhood Illnesses: Strep Throat

Sore throats are common with a number of different viral infections, and often are not concerning. There is one type of sore throat, however, that, if left untreated, has the potential to cause serious complications such as kidney inflammation and rheumatic fever which can do damage to the heart. This type of sore throat is the result of a streptococcal bacterial infection, hence the term strep throat.

Strep throat is common between the ages of 5 and 15, but can affect people of all ages.
Symptoms of strep throat include the following:

- Throat pain
- Difficulty swallowing
- Red and swollen tonsils, sometimes with white patches or streaks of pus
- Tiny red spots at the back of the roof of the mouth
- Swollen, tender lymph glands in your neck
- Fever
- Headache
- Rash
- Stomachache and sometimes vomiting
- Fatigue

Call a doctor for an appointment if a child has any of the following symptoms:

- A sore throat accompanied by tender, swollen lymph glands (nodes)
- A sore throat that lasts longer than 48 hours
- A fever higher than 101 F (38.3 C) in older children, or any fever lasting longer than 48 hours
- A sore throat accompanied by a rash
- Problems breathing or difficulty swallowing anything, including saliva
Strep throat is diagnosed by a throat culture or a quick strep test in a physician’s office. Strep throat is treated with oral antibiotics. Additionally, over-the-counter medications such as acetaminophen or ibuprofen can be used to relieve throat pain and reduce fever. Typically, a child will feel better within the first 1 to 2 days of treatment, and can often return to school 24 hours after beginning treatment. A doctor should be called if any of the following symptoms occur after a strep throat diagnosis and treatment:

- A lack of improvement after taking antibiotics for 24 to 48 hours
- A fever — or pain or swelling in the joints, shortness of breath or a rash — after a strep infection, even as long as three weeks after infection; these can be indicators of rheumatic fever
- Cola-colored urine more than a week after a strep infection, as this may indicate kidney inflammation.
Common Childhood Illnesses: Asthma

Asthma is a condition in which a person’s airways narrow and swell and produce extra mucous which makes breathing difficult and can cause coughing, wheezing, and shortness of breath. Some people never have asthma, while others do. There is no known reason for this discrepancy, although asthma is believed to be the result of a combination of genetics and environment.

For people who are prone to asthma, there can be a number of different triggers. They include:

- During exercise – especially when the air is cold and dry
- During work when someone is around air pollutants or workplace irritants such as gases, fumes, smoke, or dust
- During or following a viral illness such as a cold or flu,
- Or when someone is exposed to allergens such as pollen, mold, pet dander, or dust
- Certain medications and foods can trigger asthma as well – even strong emotions and stress can trigger asthma
Signs and Symptoms of Asthma include:

- Shortness of breath
- Chest tightness or pain
- Trouble sleeping caused by shortness of breath, coughing or wheezing
- A whistling or wheezing sound when exhaling
- Coughing or wheezing attacks that are worsened by a cold or flu

Children who have frequent coughing or wheezing that lasts more than a few days, or any other signs or symptoms of asthma should see a doctor.

Signs and Symptoms of Asthma include:

- Shortness of breath
- Chest tightness or pain
- Trouble sleeping caused by shortness of breath, coughing or wheezing
- A whistling or wheezing sound when exhaling
- Coughing or wheezing attacks that are worsened by a cold or flu

And, coughing or wheezing attacks that are worsened by a respiratory virus, such as a cold or the flu

Children who have frequent coughing or wheezing that lasts more than a few days, or any other signs or symptoms of asthma should see a doctor.
There is no cure for asthma. Treatment for asthma focuses on prevention and long-term control. People with asthma are typically treated with long-term asthma medications, such as inhaled corticosteroids, quick relief medications such as rescue inhalers during an asthma attack, and allergy medications such as oral or nasal sprays.

Since asthma can be life-threatening, it is important to recognize the signs of an asthma emergency and seek immediate treatment. The signs of an asthma emergency include:

- Rapid worsening of shortness of breath or wheezing
- No improvement even after using a quick-relief inhaler, such as albuterol
- Shortness of breath when someone is doing minimal physical activity
- Asthma symptoms get worse and medication does not seem to ease the symptoms

Additionally, children should see a doctor if asthma symptoms get worse and medication does not seem to ease the symptoms, or they are using their quick-relief inhaler more often than previously.
Congratulations! You have completed Part 8 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner (RCYCP) Training

Module 6

Part 9

Welcome to Module 6, Part 9 of the Residential Child and Youth Care Practitioner Training.
Common Childhood Illnesses: Diarrhea

Diarrhea is the body's way of ridding itself of germs, and most episodes last a few days to a week. Diarrhea often occurs with fever, nausea, vomiting, cramps, and dehydration. Some of the most common reasons kids get diarrhea include:

- Infection from viruses
- As a side effect from medications
- Food poisoning

Dehydration is one of the most worrisome complications of diarrhea in children. Mild diarrhea usually doesn't cause significant fluid loss, but moderate or severe diarrhea can. To combat dehydration, kids can be given fluids to replace the fluids lost through diarrhea. The best fluids are ORS (oral rehydration solutions) such as Pedialyte or Rehydralyte which provide essential electrolytes. If those are unavailable kids can drink water.
Common Childhood Illnesses: Diarrhea

In addition to staying hydrated…

- Kids can eat frequent small meals.
- The best foods for kids that have diarrhea are those that are easily digestible (bananas, rice, applesauce, toast).
- Pretzels or salty crackers can help kids replace the salt lost from diarrhea.
- Foods containing large amounts of sugar or fat should be avoided.
- Kids should not be given prescription or nonprescription medicine to stop diarrhea unless directed to do so by a doctor.
- Kids and those around them should practice good hand-washing.
- Children with diarrhea from a viral illness should not attend school or be around others who can catch the illness.
A call to the doctor will be important if any of the following occur:
- Blood in diarrhea develops.
- The diarrhea is accompanied by a fever.
- Symptoms become more severe or frequent.
- Signs of dehydration develop. Severe dehydration is dangerous; it can cause seizures, brain damage, even death. Signs of dehydration include:
  - Dizziness and light-headedness
  - Dry, sticky mouth
  - Dark yellow urine, or very little or no urine
  - Few or no tears when crying
  - Cool, dry skin
  - Lack of energy
Common Childhood Illnesses: Lice

What are lice?

Lice are tiny insects that live on humans and feed on blood.

Three different kinds of lice live on humans:

- **Head lice**: They are usually found in hair, most often on the back of the neck and behind the ears. Head lice are common in preschool and elementary school-age children. Adults can get them too, especially adults who live with children.

- **Pubic lice**: Also called crabs, these lice are usually found in the pubic area. But they may also be found on facial hair, on eyelashes, on eyebrows, in the armpits, on chest hair, and, rarely, on the scalp.

- **Body lice**: They live and lay eggs or nits in the seams of clothing. The lice are on the body only when they feed.

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<td>They may also be found on facial hair, on eyelashes, on eyebrows, in the armpits, on chest hair, and, rarely, on the scalp.</td>
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<tr>
<td>Body lice</td>
<td>Live and lay eggs (nits) in the seams of clothing. The lice are on the body only when they feed</td>
</tr>
</tbody>
</table>
What causes lice infestation?

Lice spread easily from one person to another through close contact or through shared clothing or personal items (such as hats or hairbrushes). Lice cannot jump or fly.

What are the symptoms?
The most common symptom of lice is itching. There are different symptoms, depending on which type of lice a person has.

- **Head lice** may not cause any symptoms at first. Itching on the scalp may start weeks or even months after lice have started to spread. Scratching can make the skin raw. The raw skin may ooze clear fluid or crust over, and it may get infected.

- **Pubic lice** cause severe itching. Their bites may cause small marks that look like bruises on the torso, thighs, or upper arms. If pubic lice get on the eyelashes, the edges of the eyelids may be crusted. Lice and their eggs may be seen at the base of the eyelashes.

- **Body lice** cause very bad itching, especially at night. Itchy sores appear in the armpits and on the waist, torso, and other areas where the seams of clothes press against the skin. The lice and eggs may be found in the seams of the person's clothing but are typically not seen on the skin.

Frequent scratching can cause a skin infection. In the most severe cases of head lice, hair may fall out, and the skin may get darker in the areas infested with lice.
Common Childhood Illnesses: Lice

TREATMENT: Over-the-counter or prescription cream, lotion, or shampoo.

Clothing and bedding should be washed in hot water

How is a lice infestation diagnosed?

A doctor can usually tell if a person has lice by looking closely for live lice or eggs in the hair. The doctor may also comb through the hair with a fine-toothed comb to help detect lice. He or she may look at the lice or eggs under a microscope. A doctor can also find pubic lice and body lice by looking closely at someone’s body or clothing.

How is it treated?

Lice won’t go away on their own. Treatment is absolutely essential to ridding someone of lice and preventing the spread of lice to others. The most common treatment for lice is an over-the-counter or prescription cream, lotion, or shampoo. It is put on the skin or scalp to kill the lice and eggs. In some cases, additional treatments may be needed to make sure that all the eggs are dead. If two or more treatments don’t work, a doctor may prescribe a different medicine. It’s also important to wash clothing and bedding in hot water to help get rid of lice.

Some people continue to have itching for 7 to 10 days after the lice and eggs have been killed. Steroid creams or calamine lotion can relieve the itching, as can antihistamines.
Common Childhood Illnesses: Bed Bug Bites

The best way to diagnose bed bug bites is to look for signs of bed bugs where children sleep.

Signs of bed bugs include:

- Blood stains on sheets or pillowcases
- Dark or rusty spots of bedbug excrement on sheets and mattresses, bed clothes, and walls
- Bedbug fecal spots, egg shells, or shed skins in areas where bedbugs hide
- An offensive, musty odor from the bugs' scent glands

Common Childhood Illnesses: Bed Bug Bites

Bed bug bites cause itchy red welts that appear on the body, typically in a zigzag pattern. Because people don’t usually know they have bed bugs, and because bed bugs are hard to see, people commonly mistake bed bug bites for other insect bites such as mosquito, flea, or spider, or for other common skin condition such as an itchy rash, hives, or chickenpox.

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- Bedbug fecal spots, egg shells, or shed skins in areas where bedbugs hide
- An offensive, musty odor from the bugs' scent glands
Common Childhood Illnesses:
Bed Bug Bites

To treat bed bug bites:
- Wash the bites with soap and water.
- If the bites itch, apply an over-the-counter corticosteroid cream to the bites. Scratching can cause a skin infection.

Unless there are signs of an infection or a serious reaction to bed bug bites, the condition can be treated without a trip to the doctor.

To treat bed bug bites:
Wash the bites with soap and water. This will help prevent a skin infection and help reduce itchiness.

If the bites itch, apply an over-the-counter corticosteroid cream to the bites. Scratching can cause a skin infection.
Bedbug bites usually heal and go away within a week or two.
Children should visit a doctor if they have:
- Many bites
- Blisters
- A skin infection where the bites feel tender or ooze discharge such as pus
- An allergic skin reaction where the skin is red and swollen or there are hives

Treatment may include:
- An injection of an antihistamine, corticosteroid, or epinephrine (adrenaline) for a severe allergic reaction
- An antibiotic if there is an infection, and/or
- A prescription antihistamine pill or liquid

Children should visit a doctor if they have:
- Many bites
- Blisters
- A skin infection where the bites feel tender or ooze discharge such as pus, or
- An allergic skin reaction where the skin is red and swollen or there are hives

Treatment for serious bed bug bites or complications may include:
- An injection of an antihistamine, corticosteroid, or epinephrine (adrenaline) for a severe allergic reaction
- An antibiotic if there is an infection, and/or
- A prescription antihistamine pill or liquid
Common Childhood Illnesses: Pinkeye (conjunctivitis)

Pinkeye (conjunctivitis) is redness and swelling of the conjunctiva, the mucous membrane that lines the eyelid and eye surface. Pinkeye symptoms usually start in one eye and may then spread to the other eye. The most common type of pinkeye is caused by a virus and occurs most often in adults.

Viral pinkeye is often caused by an adenovirus, which is a common respiratory virus that can also cause a sore throat or upper respiratory infection. The herpes virus can also cause viral pinkeye.

Symptoms of viral pinkeye include:
- Redness in the white of the eye.
- Swelling of the eyelids.
- Itching or burning feeling of the eyelids.
- Swollen and tender areas in front of the ears.
- A lot of tearing.
- Clear or slightly thick, whitish drainage.

Viral pinkeye symptoms usually last 5 to 7 days but may last up to 3 weeks and can become ongoing or chronic.
Bacterial pinkeye is caused by an infection that develops when bacteria enter the eye, or the area around the eye. Some common infections that cause pinkeye include:

- Staph infection.
- Haemophilus influenzae type b (Hib).
- Cat-scratch disease.
- Gonorrhea.

Symptoms of bacterial pinkeye include:

- Redness in the white of the eye.
- Gray or yellow drainage from the eye. This drainage may cause the eyelashes to stick together.
- Mild pain.
- Swelling of the upper eyelid, which may make the lid appear to droop.

Bacterial pinkeye may cause more drainage than viral pinkeye. Bacterial infections usually last 7 to 10 days without antibiotic treatment and 2 to 4 days with antibiotic treatment.
Common Childhood Illnesses: Pinkeye (conjunctivitis)

Treatment for pinkeye includes:
- Washing hands frequently and thoroughly before and after touching eyes.
- Using warm or cool compresses to help relieve swelling and redness.
- Changing and washing towels and linens when they become soiled with drainage.
- Avoiding the use of contact lenses as long as symptoms are present.
Common Childhood Illnesses: Scabies

What is scabies?

Scabies is a condition of very itchy skin caused by tiny mites that burrow into the skin. The itching is caused by an allergic reaction to the mites.

Scabies spreads very easily from person to person. It can affect people of all ages and from all incomes, social levels, and living situations. With treatment, the scabies mites die and the itching goes away over a period of days to weeks. Without treatment, the mites continue to reproduce under the skin, causing more sores and itching.

How is scabies spread?

Scabies mites spread from person to person by close contact, such as sleeping in the same bed or touching someone’s skin. The mites can also be spread by sharing towels, clothing, and other personal items. Scabies often affects several household members at the same time. It can be spread to another person before the original person has symptoms.
What are the symptoms?

Scabies has two main symptoms:
● Severe itching that is usually worse at night. Small children and older adults tend to have the worst itching.
● A rash with tiny blisters or sores. Children tend to have worse skin reactions than adults.

Symptoms are more likely to occur:
● Between the fingers and on the palm side of the wrists.
● On the outside surfaces of the elbows and in the armpits.
● Around the waistline and navel.
● On the buttocks.
● Around the nipples, the bra line, and the sides of the breasts (in women).
● On the genitals (in men).

A rare form of scabies called crusted scabies or Norwegian scabies presents with many scaly and crusted sores.
Common Childhood Illnesses: Scabies

How is scabies treated?
Prescription lotion
Prescription oral medication
Antihistamines

How is scabies diagnosed?
Usually a doctor can diagnose scabies based on present symptoms. Scabies is especially likely if a person has had close contact with other people who have had the same symptoms. A sample of the dry skin from an affected area can be examined under a microscope to confirm scabies as well.

How is it treated?
Scabies won't go away on its own. A doctor will prescribe lotion to treat and prevent the spread of scabies. In severe cases doctors may prescribe oral medication as well. When a person is treated, others who have been in close contact with that person are treated simultaneously. This keeps the mites from being passed back and forth from person to person. Additionally, until scabies has cleared up, people should avoid close contact and not share any personal items. After treatment, the itching usually lasts another 2 to 4 weeks. Antihistamines (such as Benadryl), steroid creams, or, in severe cases, steroid pills can help relieve itching. A doctor should be consulted before using any of these medications. Children can usually return to day care or school after treatment is completed. If someone still has symptoms after 4 weeks, s/he may need another treatment.

To make sure that all the mites are killed:
● Immediately after treatment starts, all of the affected person's bedding, towels, and the clothing that was worn during the past 2 to 3 days (48 to 72 hours) should be cleaned. All items should be washed in hot water, and dried in a hot dryer. They can also be dry-cleaned.
● Items that cannot be washed or dry-cleaned should be placed in a closed plastic bag for at least 7 days.
● The room or rooms used by the person who had scabies should be cleaned and vacuumed.
Ringworm is a contagious fungal infection caused by mold-like parasites that live on the cells in the outer layer of a person’s skin. It can be spread in the following ways:

**Human to human.** Ringworm often spreads by direct, skin-to-skin contact with an infected person.

**Animal to human.** You can contract ringworm by touching an animal with ringworm. Ringworm can spread while petting or grooming dogs or cats. It’s also fairly common in cows.

**Object to human.** Ringworm can spread by contact with objects or surfaces that an infected person or animal has recently touched or rubbed against, such as clothing, towels, bedding and linens, combs, and brushes.

**Soil to human.** In rare cases, ringworm can be spread to humans by contact with infected soil. Infection would most likely occur only from prolonged contact with highly infected soil.
Ringworm typically begins as a flat scaly area on the skin, which may be red and itchy. This patch develops a slightly raised border that expands outward — forming a roughly circular ring. The interior of the ring may be clear, scaly or marked with a scattering of red bumps. In some people, several rings develop at the same time and may overlap.

If a rash develops and does not go away or begin to go way on its own for a week a trip to a family doctor or dermatologist is necessary. A doctor can diagnose ringworm by appearance; however, the doctor may need to do some skin scrapings from the affected area in order to diagnose it accurately.

Treatment for a mild case of ringworm involves over-the-counter anti-fungal cream, such as clotrimazole and terbinafine. More serious cases are treated by the doctor.
Common Childhood Illnesses: Poison Ivy

Poison ivy rash is caused by sensitivity to an oily resin found in the plant leaves, stems, and roots of the poison ivy plant. About half of all people who come into contact with the plant will develop the rash.

Signs and symptoms of a poison ivy rash include:
- Redness
- Itching
- Swelling
- Blisters

Typically the rash occurs in a straight line because of the way the plant brushes against the skin, but it may be more spread out if the contact with the oily resin has come from clothing or pet fur that has the resin on it. The rash develops from direct skin contact with the oily resin only, so a person cannot catch poison ivy from someone else’s rash. A poison ivy reaction commonly occurs 12 to 48 hours after contact with the resin, at which point the resin is usually gone from the skin. Diagnosis of poison ivy is made by looking at the rash.
Mild cases of poison ivy can be treated at home with the following over-the-counter treatments to help with the itching:

- Apply an over-the-counter corticosteroid cream for the first few days
- Apply calamine lotion
- Take oral antihistamines, such as diphenhydramine (Benadryl, others),
- Soak in a cool-water bath containing an oatmeal-based bath product (Aveeno).
- Place cool, wet compresses on the affected area for 15 to 30 minutes several times a day.

More severe or widespread cases of poison ivy may require medical treatment such as corticosteroid pills, or antibiotics in the event of a bacterial infection at the site of the rash.

Children should be seen by a doctor if:
- The reaction is severe or widespread
- The rash affects their face or genitals
- Blisters are oozing pus
- They develop a fever greater than 100 F
- The rash doesn't get better within a few weeks
Common Childhood Illnesses

Now that you are familiar with common childhood illnesses, you may help identify youth who are in need of treatment. It is NOT your job, nor is it allowed, to provide medication of any kind to the youth with whom you work. Remember to follow all of your agency’s policies and procedures regarding health issues and medical treatment.
Congratulations! You have completed Part 9 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 6, Part 10 of the Residential Child and Youth Care Practitioner Training.
Medication
Let’s turn now to a discussion about medication.

Some of the youth that you work with will be on medication to treat various mental health disorders. Medication does not cure the disorder. Rather, medication treats the symptoms. Without medication, individuals might suffer serious and disabling symptoms. Medication can be one part of an effective treatment for several psychiatric disorders including:

- ADD and ADHD
- Tourette’s Disorder
- Obsessive-Compulsive Disorder
- Depression
- Anxiety disorders
- Bed-wetting
- Psychosis
- Schizophrenia
- Bipolar Disorder
- Aggression
- Impulsivity
- Sleep disorders
Medication: Side Effects

Medications which have beneficial effects might also have unintended side effects. These side effects can be relatively minor, such as loss of appetite or difficulty falling asleep, or more serious, such as nausea, dizziness, tremors, irritability, insulin resistance, or an increase in suicidal thoughts.
Medication

Medications work differently for different people. Some people might suffer from side effects, while some do not. Medications can take a while to work. Some take weeks to work. Sometimes side effects begin before the beneficial effects kick in. Sometimes dosages need to be adjusted, or different medications tried before success is found. This can be a long and frustrating process for youth.
Additionally, you will work with youth who do not like taking their medication. Some youth simply dislike the side effects and for that reason do not want to take it. Some feel the stigma and embarrassment associated with being on psychiatric medication. Some youth do not want to rely on medication to feel better and get better. They want to “do it on their own.” There are others who do so well on medication, they think they are “cured” and so want to stop using the medication.
Your job as an RCYCP is to be aware of, and empathic to, the challenges faced by the youth with whom you work. This includes all of the aforementioned struggles associated with mental health-related medication. Additionally, you need to report to your supervisor any concerns or observations you have regarding medication and your youth. For example, if a youth is not taking his/her medication, or if you notice that a youth appears pale and sweaty after taking his or her medication, follow your facility’s procedures regarding health issues, and report your observations and concerns to your supervisor immediately.
The following guide will give you an overview of some of the most commonly prescribed psychiatric medications, their reason for use, and their side effects. The guide is broken down by class of drug.

Click on the link below to look at the most commonly prescribed medications for children and adolescents, as well as their use and side effects.
Most Commonly Prescribed Medications for Children and Adults

There also is a useful Federal Food and Drug Administration website that lists an exhaustive number of pediatric medications, their uses, and research information including side effects. Please visit the website listed below to get more information.

COMAR Policies and Procedures for Medication

Now let’s turn to a discussion of COMAR regulations regarding medication management.

With regard to policies and procedures for medication, your facility will have instructions for RCYCPs and other staff concerning:

• the administration of medications (including who does it and who must be present)
• monitoring residents who self-administer medications
• recording medication administration
• secure storage of medications, and
• what to do in the event of a medication error or adverse drug reaction

You need to be familiar with these policies and procedures.
Additionally, it is important to be familiar with the regulations that COMAR has in place for residential child and youth care facilities with regard to medication. Let’s look at those now:

Medication must be stored in a locked drawer, cabinet, or container intended for medication storage, or if a refrigerator is required, in a locked container in the refrigerator.

Certain medications must be stored under two consecutive locks. (These are medications as defined in Criminal Law Article, Title 5, Annotated Code of Maryland. Click on the links below to see those medications.)

Congratulations! You have completed Part 10 of the RCYCP Module 6 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner (RCYCP) Training
Welcome to Module 6, Part 11 of the Residential Child and Youth Care Practitioner Training.
COMAR Policies and Procedures for Medication
Any outdated or discontinued prescription and over-the-counter medications must be discarded in a manner that prohibits misuse.
For each child in the program who receives medication:

The child's doctor will review the child's medications and document the reasons for continuing, discontinuing, or changing medications.
There will be documentation of all medication taken including:

- Name of the child
- Name of the medication
- Frequency and dosage of the medication
- Date, time, and type of administration of the medication, and
- Name and signature of the employee who administered the medication or supervised its self-administration
The child’s prescribing physician will be notified in the event of a medication error or drug reaction, and

There will be coordination with the pharmacy and the child’s caregiver during home visits to ensure continuity of medication, as well as upon discharge of the child from the facility.
Finally, COMAR prohibits the use of medication for the purpose of group control, experimentation, or research.

You are now finished with Module 6.
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Congratulations! You have completed the RCYCP Module 6 training. Please use the navigation below to complete the post-test.