

Healthy Kids: Keeping Safe

Disease Prevention for Elementary Students

CURRICULUM - GRADES K-5



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Healthy Kids: Keeping Safe

CURRICULUM - GRADES K-5

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Healthy Kids: Keeping Safe

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Oregon Health Education Content Standards Alignment

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INTRODUCTION

This curriculum guide was developed for students in grades K-5. The goal of *Healthy Kids: Keeping Safe* is to provide students with accurate information about HIV disease and guide them in making responsible decisions to protect their health and the health of others both now and in the future. HIV prevention education should be part of the total health education curriculum.

As in any new or revised program, school districts should examine these instructional methods and materials to determine the appropriateness of content for their students. The review criteria used for this document included the importance of content; medically accurate information; examination of materials; presentation of attainable objectives; organization and usability; appropriate evaluation activities to assess learning of concepts; and clarity of information for students and teachers. Program evaluation is critical in order to implement an HIV prevention program that provides meaningful learning experiences that meet district goals and community standards.

One of the most effective strategies to evaluate a curriculum is to form an HIV Prevention Education Advisory Committee at the school or district levels. This committee could include teachers, school administrators, school board members, students, parents, health department representatives, other health professionals and community members. The committee may also assist the district in the implementation of an HIV prevention education plan. One recommended activity would be to provide training opportunities for all district staff and school board members. The committee could also assist in the planning of a parent night to be conducted prior to HIV prevention instruction. A parent's letter and proposed parent's night agenda is included in the resource section to assist in planning. By taking a step by step approach to HIV education, students are provided with a program that is supported not only by the entire district but by their parents and community at large.

INTRODUCTION TO THE REVISED CURRICULUM

In the nearly 19 years since the curriculum was first developed, approximately 5,000 more people in Oregon have been diagnosed with AIDS and 850,000 nationwide. Throughout that time a consistent 17-20% of all AIDS cases have been among 20-29 year-olds. Because the time between getting infected with HIV and the time of being diagnosed with AIDS is 8-10 years on average, we know that many of those 20-29 year-olds became infected as adolescents.

Ideally, all risk of HIV infection could be eliminated if students abstained from sexual intercourse, alcohol and drug use and needle sharing. The reality, however is quite different from that, and our education efforts must be designed to reach all students, especially those at highest risk. Studies show that Oregon students **are** at risk for HIV infection. Forty-one percent (41%) of 11th-grade students who responded to the 2004 Oregon Healthy Teens Survey (OHTS) reported they have had sexual intercourse. Only 64% of those who are sexually active stated they had used a condom at last intercourse. Rates of sexually transmitted disease among teens are continuing to be a problem in Oregon. Thirty-three to thirty-five percent (33-35%) of all Chlamydia cases were among teens 15-19. Seventeen percent (17%) of all cases of gonorrhea in Oregon are among teens.

Drug and alcohol use are prevalent among Oregon students according to the 2004 OHTS and occur statewide in rural communities, as well as urban ones. Forty-five percent (45%) of Oregon OHTS participants had at least one drink of alcohol during the 30 days prior to the survey, but 29% had five or more drinks of alcohol in a row during that same time. Twenty-four percent (20%) used marijuana during the 30 days preceding the survey. A small percentage of students reported using steroid pills or shots, and having injected an illegal drug.

There is still no cure for AIDS, and no vaccination for HIV. Given these realities, HIV prevention education is absolutely imperative. To do less than an all-out education effort is to leave our young people at serious risk for getting infected with HIV. HIV prevention education is best delivered within a comprehensive health education program that includes sexuality and family life education. Those teachers and school districts that have the most difficult time teaching about HIV and AIDS are those who have had no training in sexuality education and where the required HIV/AIDS education must stand alone, without benefit of a comprehensive health education program. Having a comprehensive program in place also makes it easier for teachers in other classes (such as English or social studies, in grades where health is not taught) to integrate HIV education at every grade level as required by OAR 581-22-1440. In those districts where controversy or fear of controversy precludes a quality program in health, sexuality or HIV prevention education, the students are placed at risk by that educational system. School boards, administrators, and communities must be accountable for ensuring that students in their districts are not left at risk because of their policies or programs or lack of them.

Although it is a common myth that HIV/AIDS information changes daily, the information most important for student education has not changed. HIV is spread in three ways:

- through having sex
- exchanging blood with an infected person
- from an infected woman to her fetus or newborn by blood or breast milk

These are behaviors we must address in our education to students.

To this end, and in response to requests from teachers throughout Oregon who have used and evaluated the first edition of the curriculum, we have made important changes and additions to this revised curriculum. It is more relevant to students' lives, the framework as a stronger theoretical base for behavior change, and the lessons are designed to increase student learning through cooperative learning and critical thinking activities. Education courses are intended to teach life skills necessary for successful living. As in nutrition, fitness, stress and personal health, preventive education in HIV/AIDS is critical to teachable behaviors to last a lifetime. The majority of high school graduates in Oregon do not go on to college. Thus, high school may well present the last opportunity to reach young people and help them learn responsible skills and behaviors necessary for prevention of HIV/AIDS.

Oregon's newly-adopted K-12 Health Education Content Standards (Feb. 17, 2005) emphasize the teaching of skill development. This revised curriculum is aligned to the new Content Standards. School districts have until the 2007-08 school year to align their health education curriculum with the Content Standards. For more information and support, contact:

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To access the content standards, benchmarks, and recommended grade level maps, go to: <http://www.ode.state.or.us/search/results/?id=12>.

HIV PREVENTION EDUCATION PROGRAM DEVELOPMENT

Curriculum and Guide

Healthy Kids: Keeping Safe can be printed for a three-ring binder so that it can be updated. Updates to the electronic version will be published by the Oregon Department of Education (ODE). It is imperative that any HIV education program have the capability to change information easily to accommodate new data.

Each grade level unit of this curriculum guide contains five to six lesson plans. These plans contain objectives, materials needed, procedures to attain the objectives and suggested evaluation activities. Other strategies can be successfully incorporated into the program to meet varying teaching and learning styles.

Following each lesson, teacher information is provided. This section is only for the instructor and intended to give background on the lesson. Some teachers will use all of the information while others will use only segments due to the differences in their students' level of maturity, knowledge-base, and community expectations. Student materials and transparency masters follow the teacher information. The appendix provides information on supplemental materials available from other Oregon agencies.

School districts should determine the context in which HIV education will be taught. HIV education must be part of a comprehensive school health education program. *Healthy Kids: Keeping Safe* was written to exist within units addressing communicable diseases, sexually transmitted diseases, and alcohol and drug prevention. HIV education can be further enhanced by examining the epidemic within other academic subjects.

Community Participation

The success of any educational program or curriculum depends upon the support of the parents and community. Parents, guardians, and other members of the community can provide valuable guidance in the development of an instructional program. They can be directly involved by participating in a formal review of this curriculum and by taking part in their child's activities and assignments. A prime activity for soliciting community support is to conduct a parent's night. This provides an opportunity to present current scientific information about HIV disease and introduce the parents to the HIV prevention education program.

Families make decisions to share information according to their own cultural and religious values and lifestyles. As a child's learning comes from their family as well as the school, peers, and community, each family can also consult their own faith group or religious consultation to assist them in talking about HIV/AIDS.

One of the most important variables in the success of a HIV prevention program is the teacher. The teacher's background on a topic, comfort level in teaching the subject, and willingness to provide a variety of learning opportunities are factors that contribute to a quality instructional program.

HIV education requires a professional who has the ability to present accurate information and is sensitive to the needs of students and the community. Educators must use a variety of teaching strategies that allow for the diversity of student learning styles.

To properly prepare teachers to implement HIV prevention education, the district should provide professional development opportunities. One of the most important developmental activities is to give teachers the opportunity to evaluate their own attitudes related to this epidemic. ODE can furnish the technical expertise required to conduct HIV prevention education workshops (www.hklb.org).

Student Education

Knowledge, attitudes and behavior are the three areas of learning that must be addressed in HIV prevention education. Information should be directed toward the knowledge of risk behaviors associated with HIV transmission and the behaviors that prevent HIV infection. Classroom instruction and activities should be based upon the evaluation of student needs and readiness.

Healthy Kids: Keeping Safe offers lessons based upon the concept of critical thinking skills. These lessons provide the student a chance to judge and evaluate information; examine society's response to this epidemic; and define or develop personal attitudes about HIV prevention and education. This curriculum also includes scenarios and situational dramas which require students to use risk-reducing behaviors and responsible decision-making skills.

Before presenting HIV prevention education, classroom ground rules must be established. Students need to feel comfortable about the subject matter. The teacher should clearly define the methods by which student questions and group discussion will be handled. Discussion, peer interaction, and questions should be encouraged. The choice not to participate in activities, if an individual does not feel at ease, must also be honored.

The goal of this curriculum and guide is to provide students the opportunity to learn accurate information about HIV infection and to develop skills and attitudes that will lead them to make healthy decisions to prevent HIV disease. This prevention education should be discussed in the context of communicable diseases, sexually transmitted diseases, and alcohol and drug prevention. Information about HIV disease and AIDS must be accurate and relative to the ages of the students. Fear and shame are not effective themes to use when teaching students about HIV disease. Children relate to living. Therefore, maintaining the quality of life through preventive strategies and responsible decisions is the preferred method in which to learn about this epidemic.

Paula Radloff
HIV Health Educator-Schools

Healthy Kids: Keeping Safe

CURRICULUM PHILOSOPHY, GOAL, AND OBJECTIVES

Philosophy

We believe a primary obligation of the educational system is to provide opportunities for students to develop skills necessary to be responsible for choosing and practicing healthy behaviors. HIV (human immunodeficiency virus) disease has become one of the most serious health issues facing today's youth. Because there is not a medical solution to this epidemic, education is the primary strategy in its prevention.

Instructional Goal

The goal of this curriculum is to provide students the opportunity to learn accurate information about HIV infection and AIDS to develop skills and attitudes that will lead them to make healthy decisions to prevent acquired immunodeficiency syndrome.

Program Objectives: Grades 4-5

Analyze a list of risk and no-risk behaviors.

Synthesize risk behaviors and methods for their prevention.

Comprehend the differences between communicable and non-communicable diseases.

Comprehend the purpose of infection control and its procedures.

Explain how HIV affects the immune system. Comprehend how human immunodeficiency virus is spread.

Explain how HIV infection and AIDS can be prevented.

Evaluate information on HIV disease and community response to persons with AIDS.

Explain his or her feelings about persons infected with HIV or who have AIDS.

Healthy Kids: Keeping Safe

Disease Prevention for Elementary Students

Curriculum - Grades K-3

**2005
(Revised)**

**Oregon Department of Education
Susan Castillo
State Superintendent of Public Instruction**

**Oregon Department of Human Services
Bruce Goldberg, Director**

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This document was developed with DASH funds (Division of Adolescent and School Health), Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, Atlanta, GA 30333.

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PREFACE

This curriculum resource guide was written and published by the Oregon Department of Education (ODE). Funding was provided through a grant from the Centers for Disease Control.

Teachers and others from throughout the state have assisted in the development of the guide. A working draft produced in January 1989 was evaluated by over 75 reviewers statewide representing administrators, clergy, medical professionals, parents, and teachers. Their comments were presented to the ODE AIDS Advisory Committee, and a draft was produced for use in 14 regional workshops. Participants' comments were helpful in producing the final document.

The 2006 revised edition was prepared by Brad Victor, HIV/STD Prevention Program Coordinator, Oregon Department of Education, and reviewed by the Oregon HIV/AIDS Materials Review Panel.

School District Review

This is a state developed resource guide for districts to present to their local AIDS advisory committees. At the local level schools can choose to adopt the guide in full, to adopt part of the guide with modifications, or elect not to adopt the guide and instead develop curricula locally. In any case, the local curricula must reflect the plan of instruction outlined in OAR 581-22-1440

(http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html).

As in any program, school districts should examine these instructional methods and materials to determine the appropriateness of content for their students. Examples of review criteria used for this document included the importance of content, examination of materials, presentation of attainable objectives, organization and usability, appropriate evaluation activities to assess learning of concepts, and clarity of information for students and teachers. Program evaluation is critical in order to implement an HIV prevention program that provides meaningful learning experiences that meet district goals and community standards.

The success of any educational program or curriculum depends upon the support of the parents and community. Parents, guardians, and other members of the community can provide valuable guidance in the development of an instructional program. They can be directly involved by participating in a formal review of this curriculum and by taking part in their child's activities and assignments.

One of the most effective strategies to develop a curriculum is to form an HIV Prevention Education School Advisory Committee. This committee could include teachers, school administrators, school board members, students, parents, health department representatives, other health professionals, and community members. The committee may also assist the district in the implementation of an HIV prevention education plan. One recommended activity would be to provide training opportunities for all district staff and school board members. The committee could also assist in the

planning of a parent's letter and proposed parent's night to be conducted prior to HIV prevention instruction. A parent's letter and proposed parent's night agenda is included in the Resource Section of *HEALTHY KIDS: KEEPING SAFE CURRICULUM GUIDE* to assist in planning. Taking a step-by-step approach to HIV education, students are provided with a program that is supported not only by the entire district but by their parents and community at large.

INTRODUCTION

The importance of a K-3 HIV curriculum is to begin to lay the foundations necessary to enable children to prevent HIV transmission when they are older. A K-3 curriculum has three important responsibilities: (1) to address children with age appropriate materials in ways that meet their level of understanding, their needs, and their interests; (2) to teach children knowledge, skills, and attitudes that will lay a foundation for practice and reinforcement of lifelong, health-related behaviors (including prevention of HIV and AIDS); and (3) to allay their fears, concerning transmission of HIV through casual contact. The education delivered must be both knowledge-based and skill-based.

Because the risk behaviors that are involved with HIV transmission are sexual, drug-related, or related to needle-sharing, many are concerned that prevention education will not be appropriate for children in kindergarten through grade 3. However, what can be done in those grades is to help build a solid foundation in life skills that will serve them throughout their lives.

The skills necessary for learning and practicing lifelong, health-related behaviors include decision-making, infection control, refusal skills, coping behaviors, self-responsibility and self-esteem, self-confidence, and tolerance for others. These are the skills we can and need to be teaching young children. By learning these skills at a young age, children can practice them throughout their lives. Such practice will help students gain confidence and reinforce their abilities to make healthful decisions.

It is extremely important that children know that HIV is not spread through casual contact. It is not spread in classrooms, on playgrounds, through hugs, by holding hands, from insect bites, or by sharing food. Because children at this age are very tactile oriented, they need to know that their normal touching behaviors do not put them at risk. Such information will help alleviate their fears. The likelihood is greater that children will know someone who is HIV+ or who has AIDS than being infected themselves. They need to be compassionate towards the children who are infected.

The curriculum corresponds with Oregon's Benchmarks and Standards for Health Education by providing the knowledge and life skills necessary to make responsible, health-related choices and to take appropriate action. The Benchmarks and Standards determine what must be taught in public schools; the schools determine how health education will be taught.

Infection control procedures are included as important for young children for basic hygiene practices and basic disease prevention. Decision-making skills are taught by giving children choices appropriate to their ages, the responsibility to make their own choices, and the freedom to make their own mistakes and learn from those mistakes. Such skills empower children and give them more confidence in themselves. Self-esteem and acceptance are taught by helping children value uniqueness in themselves and in others. Self-esteem is an important component in students' ability to make and act upon healthful and responsible choices. Decision-making skills and a sense of self-esteem are both essential to students' ability to practice refusal skills.

Taken together these are the knowledge, attitudes, and skills young children need in order to build a solid foundation for positive action and prevention, both now and in the future.

Donna Noonan
HIV Health Educator
Oregon Department of Human Services, Health Services

TO THE TEACHER

One of the most important variables in the success of a HIV prevention program is the teacher. The teacher's background on a topic, comfort level in teaching the subject, and willingness to provide a variety of learning opportunities are factors that contribute to a quality instructional program.

It is recommended that teachers at each level familiarize themselves with the entire lesson sequence of this AIDS guide in order to better understand the focus of the lessons they are presenting and how each lesson is part of our overall developmental approach.

The lessons have been developed with consideration given to where each fits into the already established health curriculum. Each lesson includes placement in the Health Education Benchmarks and Standards, student learner outcome, suggested materials and vocabulary, activities, decision-making, closure, and sample family involvement activities. The teacher should review each lesson to determine the length of time needed for each lesson and what vocabulary terms need to be defined for use with the lesson.

The teacher information provided is only for the instructor and intended to give background on the lesson. Some teachers will use all of the information while others will use only segments due to the differences in their students' level of maturity, knowledge-base, and community expectations.

HIV education requires a professional who has the ability to present accurate information and is sensitive to the needs of students and the community. Educators must use a variety of teaching strategies that allow for the diversity of student learning styles.

To properly prepare teachers to implement HIV prevention education, the district should provide professional development opportunities. One of the most important developmental activities is to give teachers the opportunity to evaluate their own attitudes related to this epidemic. ODE can furnish the technical expertise required to conduct HIV prevention education workshops (www.hklb.org).

ABOUT STUDENTS

Classroom instruction and activities should be based on the evaluation of student needs and readiness. This curriculum also includes scenarios and situational dramas which require students to use risk-reducing behaviors and responsible decision-making skills.

Before presenting HIV prevention education, classroom ground rules must be established. Students need to feel comfortable about the subject matter. The teacher should clearly define the methods by which student questions and group discussion will be handled. Discussion, peer interaction, and questions should be encouraged. The choice not to participate in activities, if an individual does not feel at ease, must also be honored.

The goal of this curriculum resource guide is to provide students the opportunity to learn accurate information about HIV infection and to develop skills and attitudes that will lead them to make healthy decisions to prevent HIV disease. This prevention education should be discussed in the context of communicable diseases. Information about HIV disease and AIDS must be accurate and relative to the ages of the students. Fear and shame are not effective themes to use when teaching students about HIV disease. Children relate to living. Therefore, maintaining the quality of life through preventive strategies and responsible decisions is the preferred method in which to learn about this epidemic.

AIDS INFORMATION AND DEVELOPMENTAL STAGES: WHAT DO CHILDREN WANT TO KNOW ABOUT AIDS?

Five Years

Many five-year-olds talk constantly and are intensely curious. They bring home new words, new concepts, and challenging questions that may startle or baffle parents. Often these have to do with human sexuality.

The five-year-old is fairly independent in most of their health and grooming routines, and generally understand and follow simple safety rules.

Many concerns related to AIDS are of interest to the five-year-old: conception, birth, marriage, death, sexuality, and all kinds of human relationships. They fear things like violent death, kidnappers, and criminals. The fear of fatal diseases or AIDS specifically, may arise for some five-year-olds. Germs are attributed as the cause of many diseases, though they do not really understand what germs are, what they look like, and where they hide. The child does understand that colds and flu can be passed by kissing or sharing cups.

At this age, questions about AIDS are more likely to arise than before. Children may pursue detailed answers by asking more and more specific questions.

Six Years

Both five- and six-year-olds are very concerned about other children. An extension of their egocentrism is "if it happens to other kids, maybe it will happen to me."

As cognition develops, the six-year-old is able to handle a wider variety of information at more sophisticated levels. The likelihood increases that the child will hear more information about AIDS as he/she develops more social contacts in school and other settings. A common misconception at this age is that people get AIDS from being bad.

Questions about sexuality will continue to be asked at home if the home environment is open for questions. Children are also aware of other resources for sex information like peers at school, older siblings, or older students who carry a wealth of sexual information of widely variable accuracy. Television and popular music is suggestive without being thorough. There may be significant confusion about sexual issues.

Seven and Eight Years

The seven- and eight-year-olds are beginning to be more sophisticated in their understanding of the world, and growing autonomy and independence. They spend more time with peers away from family and exposure to television programs, movies, and videos containing information about sexuality, violence, and death. Boys and girls begin to divide into separate groups on the playgrounds.

Questions are raised and anxieties may be expressed when major events or personal experiences bring concerns closer to the child's own life. Stories about children with AIDS who have been mistreated may be especially interesting and/or disturbing. If given the opportunity to discuss AIDS with an adult they trust, children may have many questions, usually over a broader range of concerns than the five- or six-year-old. The seven- and eight-year-olds are often still quite literal-minded. Sophisticated words can mask a lack of true understanding despite their increasing maturity.

It is the parent's and teacher's role to answer questions, and impart skills to help children cope with this difficult information and keep it in healthy perspective in their lives.

Adapted from material in *Does AIDS Hurt: Educating Young Children About AIDS*, Marcia Quackenbush, MS, Sylvia Villarreal, MD, Network Publications, Santa Cruz, CA. ISBN: 0-941816-52-4.

Healthy Kids: Keeping Safe

GRADES K-3

The following objectives and lessons are designed specifically for kindergarten through third grade. The focus of these units is on healthy lifestyles, responsible decision-making, and practicing skills to prevent the spread of germs. Students are taught infection control techniques and how to respond to emergency situations appropriate for the grade level and stage of development.

These lessons are designed so that by the end of the **third grade**, students will:

- Understand that some diseases are communicable and some are not;
- Understand that the spread of communicable disease, including AIDS, can be prevented;
- Practice behaviors that reduce the spread of communicable disease within the context of daily activity;
- Understand that AIDS is a communicable disease that is hard to catch (you cannot get it just by being near, touching, or playing with someone who has it);
- Decide about and demonstrate procedures for care of minor cuts and injuries;
- Illustrate responses for emergency situations at home, school, and community;
- Accept their unique qualities and have a positive regard for themselves and others;
- Recognize risk behaviors and methods for prevention;

Oregon's Health Education Content Standards are indicated on each grade level content matrix. OHECS can be found at:

<http://www.ode.state.or.us/search/results/?id=12>.

KINDERGARTEN

Lesson 1

Lesson 2

Lesson 3

Lesson 4

GRADE LEVEL CONTENT MATRIX KINDERGARTEN

LEARNER OUTCOME	LESSON NUMBER				OHECS
	1	2	3	4	
1. Understand that some diseases are communicable and some are not.	I				CC SM
2. Understand that the spread of communicable disease can be prevented.	I				CC SM
3. Practice behaviors that reduce the spread of communicable disease within the context of daily activity; i.e., handwashing.	I				SM
4. Understand that AIDS is a communicable disease that is hard to catch.					CC
5. Decide about and demonstrate procedures for care of minor cuts and injuries.			I		DM
6. Illustrate responses for emergency situations at home, school, and community; i.e., blood spills.			I		SM IC
7. Accept their unique qualities and have a positive regard for themselves and others.				I	SM

8. Recognize risk behaviors and methods for prevention: <ul style="list-style-type: none"> • peer pressure • unsafe objects • refusal skills 	I	I	R		SM
---	---	---	---	--	----

I = Introduce

R = Reinforce

Oregon Health Education Content Standards

CC = Concepts

AI = Accessing Information

SM = Self Management

INF = Analyzing Influences

IC = Interpersonal Communication

GS = Goal-Setting

DM = Decision-Making

AV = Advocacy

Healthy Kids: Keeping Safe

GRADE KINDERGARTEN

LESSON 1

Learner Outcome

Students explain health habits that prevent the spreading of germs. *Break lesson into three lessons:*

1. *Microscope/germs*
2. *Role plays, coughing/sneezing, hand/head picture (created during lesson)*
3. *Handwashing, summary*

Oregon Health Education Standard/Benchmark: CC, IC, SM, DM.

Vocabulary

Germs, habits prevent (*use pictures to illustrate vocabulary*).

Materials

Cookie, gum, toothbrush, cup or glass, tissue, glue, paper, marker, Diagrams 1, 2 and 3, paper plate, *microscope*.

Activity

- Teacher introduces the lesson by explaining to students that germs are very tiny living things that cannot be seen without the aide of special tools like a microscope. *Have students look at something under a microscope; explain that a microscope enlarges, magnifies.*
- Show picture of germs (Diagram 1).
Explain that there are all different kinds of germs. They don't look like any animal or plants we can see--not like a bird or a dog or a flower.
- Show picture of germs (Diagram 2). Diagram 2 may be confusing, may want to exclude.
Most germs don't hurt people at all, but some germs make people sick. When you have a cold, it is caused by a kind of germ (Diagram 3).
- Tell students that there are many ways germs are passed.
- Ask them if they know of ways germs are passed (list them).
- Share with them that germs are passed when we cough or sneeze on or near someone, and/or when we share items like a cup or a straw we have been drinking from, and that we should practice health habits that prevent the spread of germs.
- *Use pictures of coughing or sneezing or have students point to mouth, nose, and hands.*

- Teacher sets up and role-plays a situation where students are asked if someone would like to:
 - * Share a half-eaten cookie;
 - * Drink from a cup after the teacher takes a drink;
 - * Chew gum that the teacher is chewing;
 - * Use the teachers toothbrush.
- Explain to students that germs are passed when we share these items and they should say "No, thank you" when someone offers these items.
- Have volunteers role-play "No, thank you."
- *Have all students role-play in partners.*
- Tell students that germs are also passed when we cough or sneeze and that we should remember to always cover our mouth with our hands or facial tissue. *Have students act out.*
- Students draw a head outline filling in a face. On a separate piece of paper they trace a picture of their own hand and cut it out. A tissue is placed over the mouth and nose on the face, gluing the hand cut-out to hold the tissue. *May need assistance to complete activity (or use paper plate for head).*
- Sometimes we tell you to wash your hands, even when they look clean. That's because you might have germs on your hand that you can't see. Germs wash off with soap and water, and this helps you stay healthy.
- Demonstrate and practice proper handwashing technique (in the context of their daily routine). *Guided practice now, then practice in context.*
 - * Use soap and warm running water.
 - * Rub hands vigorously.
 - * Wash all surfaces, including backs of hands and wrists. Rinse well.
 - * Dry hands with paper towel.
 - * Turn off water.

Closure

Ask students why we don't share another person's cup, toothbrush, etc. Answer: germs. *Reinforce relationship of germs to sickness.*

Family Involvement Activity

Take the Family Involvement activity sheet home and share with family. *Explain sheet before sending home; do a sample in class.*

Additional Activities

- Grow germs in Petri dishes.
- Give each child a tissue and practice coughing and sneezing into the tissue.
- Use paper plate for head in the Student Activity Sheet.
- *Color diagram 3.*
- *Have students dictate story to go with Diagram 3.*

Germ in stages of growth viewed with the aid of a microscope. Diagram 1

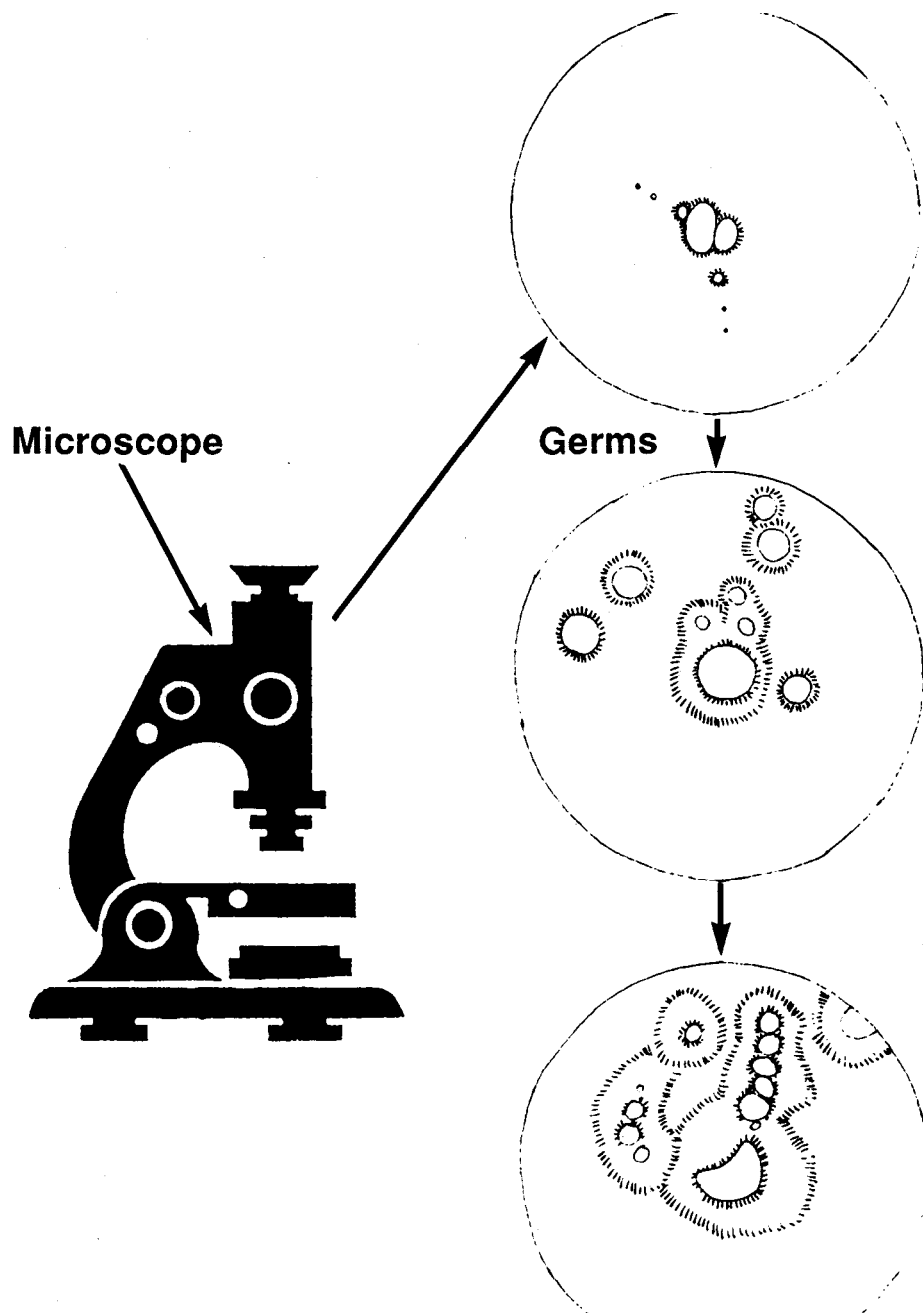


Diagram 2

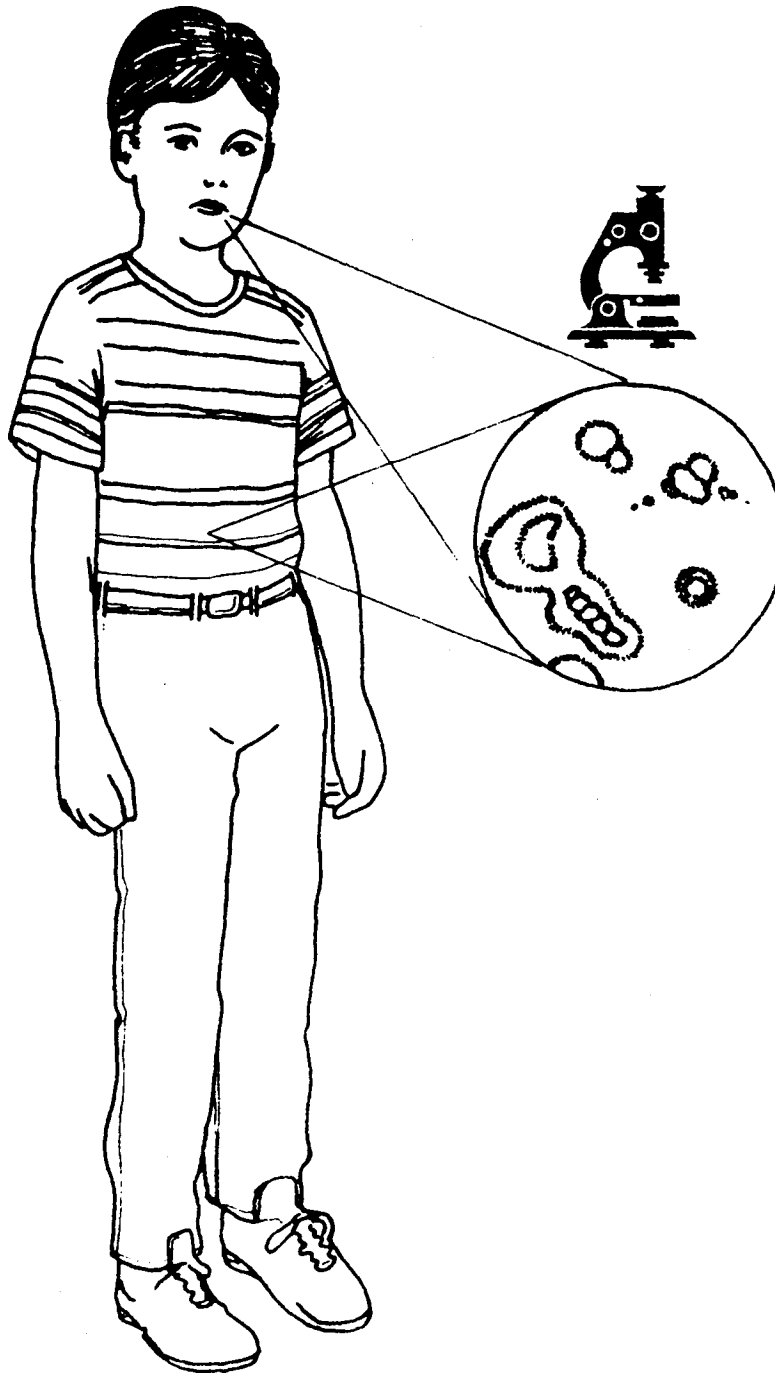
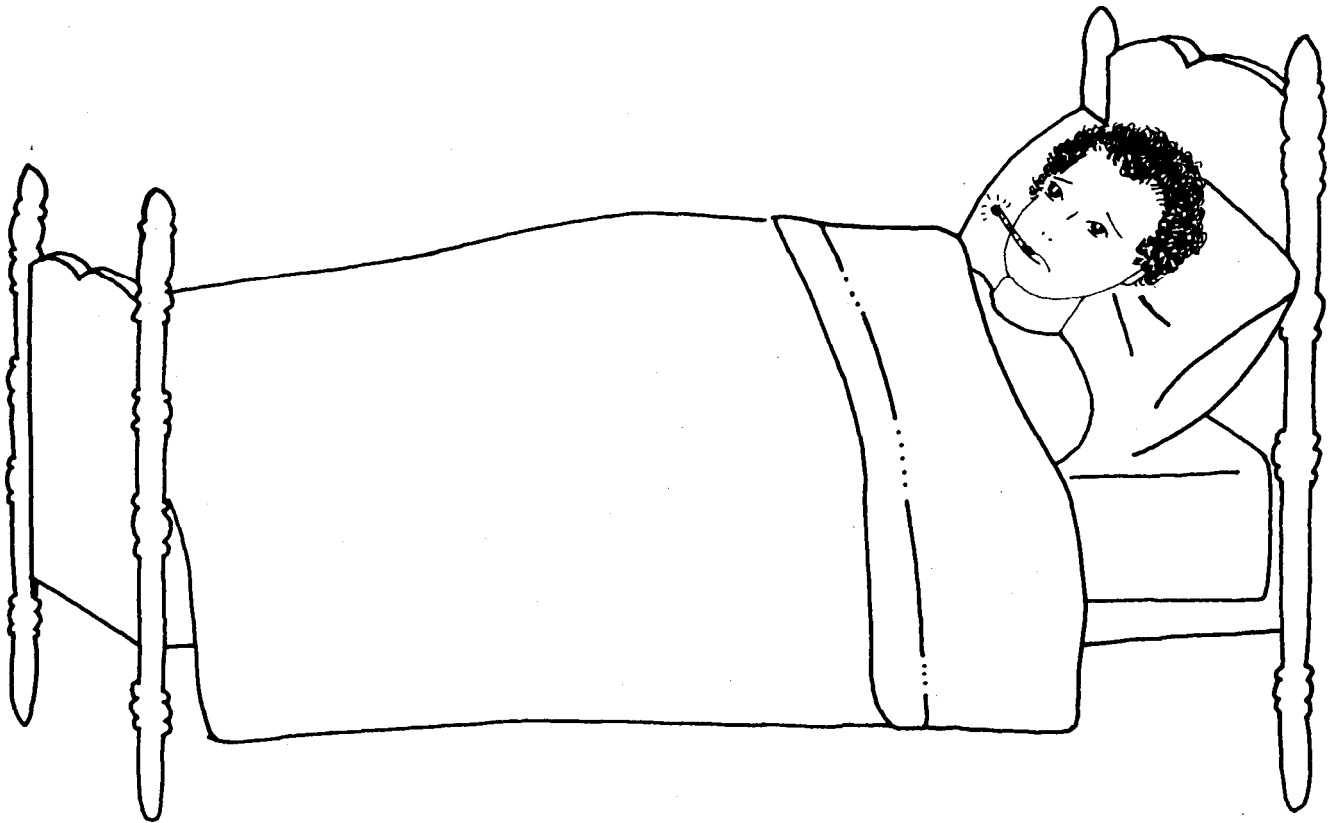


Diagram 3



HOW _____ STAYS WELL

Record each time you cover your nose and mouth when you sneeze and cough to prevent spreading germs.



TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE KINDERGARTEN

LESSON 1

Importance of Infection Control

Infection control measures are the measures that one person can take to prevent getting or giving a communicable disease to another person. Infection control measures are usually quite simple, such as washing one's hands before preparing a meal, covering one's mouth when coughing or sneezing, or wearing gloves when touching blood that has come from someone else. Although infection control might seem to be most important when people are known to be sick (such as in hospitals), in reality, infection control must be practiced everyday by everyone. This is because communicable diseases are usually most infectious either before or just as infected persons develop symptoms, before they know they are ill. Thus, by the time one realizes that someone has a communicable disease, he or she probably has already been exposed to the infection unless good infection control has been used.

Examples of Ways to Control Infections

1. Wash hands before meals.
2. Cover mouth when coughing or sneezing.
3. Wash hands before preparing food.
4. Stay home when sick.
5. Dry feet after taking a shower.
6. Don't drink untreated water.
7. Don't eat uncooked meat.
8. Wash hands after touching animals.
9. Wash hands after going to the bathroom.

Handwashing

Handwashing is one of the most important ways to practice infection control. Students need to learn about handwashing and have an opportunity to practice all of the steps.

To demonstrate proper procedures for handwashing, you can verbally instruct students how to wash their hands while they sit at their desks. They can pretend they are at a sink doing each action as it is directed, or you may want to take groups of students to the sink and give them the opportunity to wash their hands with soap and water.

Whatever method used, the steps to follow include:

1. Use soap and running water.
2. Rub hands vigorously.
3. Wash all surfaces, including backs of hands, wrists, underneath fingernails.
4. Rinse well.
5. Dry hands with paper towel.
6. Turn off the water.

These procedures should be incorporated before meals, after recess, after using the bathroom, after coughing and sneezing, and after assisting in first aid.

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE KINDERGARTEN

LESSON 2

Learner Outcome

Students are able to demonstrate proper care of personal injuries involving blood. *A minimum of two days for this lesson.*

Vocabulary

First aid, injury, care, bandage, germ, scab, blood, treat, heal (*use visual cue--physical example or picture*).

Materials

First aid material, gauze, bandage, infection control kit.

Activity

- Begin the lesson by telling students the importance of caring for small cuts, scrapes, and bloody noses. *Use pictures.*
- Ask students to recall the last time they had a cut or scrape or bloody nose.
- Encourage students to discuss what they would do if they fell on the playground and got a small cut or bloody nose. Make sure students know who at school could help with first aid. *Have students role-play, tell own stories.*
- Share with students the things that should be done to treat a scrape, small cut, or bloody nose. Write them on the board or demonstrate. *Demonstration in pairs.*
- For cuts and scrapes:
 - * Wash the skin with warm water and soap to remove the dirt.
 - * Dry the skin.
 - * Use ointments or creams with adult supervision.
 - * Place a bandage on the injured body part.
- For bloody nose:
 - * Apply direct pressure to bridge of nose.
 - * Use tissue to catch blood spills.
- Explain to students the need for proper disposal of used bandages and tissues (i.e., not on playgrounds, classroom floor, etc.). *Cover this area when demonstrating treatment of cuts and scrapes.*
- *Demonstrate and practice disposal of items, make pictures of where things go at school and where at home you would dispose of items, discuss where/if you have supplies at home.*

- Share and demonstrate why school personnel use gloves and show kit (gloves, etc.) that would be used to treat a cut, scrape, or bloody nose, and explain the importance of using gloves. *Demonstrate use of gloves, explain and let students experience sensory effect.*
 - Explain that students should never touch another student's blood. Some germs live in blood; blood is like their home, so do not touch the blood. It may have germs which are dangerous. *Use pictures, slides, or videotape. Refer to a book about Louis Pasteur.*
 - Explain to students that deeper cuts and bloody noses may need adult attention and it is important to show all injuries to an adult. *Use children's' language ("boo boo," "owie," etc.). Change "adult" to "someone older or bigger" (adult not always available).*
 - Explain to students that when skin is open from cuts and scrapes, dirt and germs can get into the body as well as come out. *Use large cardboard model of human skin--show both actions.*
 - When one gets a small cut, a little skin gets broken. The cut bleeds because small blood vessels are cut at the same time. Soon, the blood hardens and dries. This closes the cut so it will not bleed anymore. A scab forms over the skin. When the cut skin is healed, the scab falls off. *Can use red nail polish to demonstrate blood drying and hardening like scab.*
 - Explain to students the importance of calling an adult to assist in cleaning up blood spills. (An adult can check to see if the injury is serious or needs further attention.)
 - Ask volunteers to act out the following situations:
 - * A child is walking in the park. He/she trips over a branch and cuts his arm. What should he/she do?
(Responses should include: Wash the cut carefully with soap and water, place a bandage on it, tell an adult.)
 - * A girl was playing tag at school when she fell and hurt her knee. She saw she had scraped off some skin and had gotten dirt in it. What should she do?
(Responses should include: Report injury to teacher, wash knee with soap and warm water, dry knee, put a bandage on it.)
 - * A boy runs into another boy while playing on the playground. He gets a bloody nose. What should he do?
(Responses should include: Apply direct pressure by pressing the bleeding nostril toward the middle of the nose. Use tissue to catch blood spills, report injury to teacher or playground supervisor.)
 - * A girl is with a friend who gets cut, what should she do?
(Responses should include: report injury to an adult, avoid contact with friend's blood, wash with soap and water if accidental contact.)
- Go to actual sites.*

Decision-Making

Students will get assistance from a trusted adult when they are injured or when another student is bleeding.

Closure

Ask students what things should be done to treat a scrape, cut, or bloody nose? (Chart responses.)

Family Involvement Activity

"First Aid Material Treasure Hunt" Sheet *(Do trial run in class before sending sheet home.)*

Additional Activity

Teacher collects completed "First Aid Material Treasure Hunt" sheets from students. As a class, they chart the items to reinforce mathematics concepts.

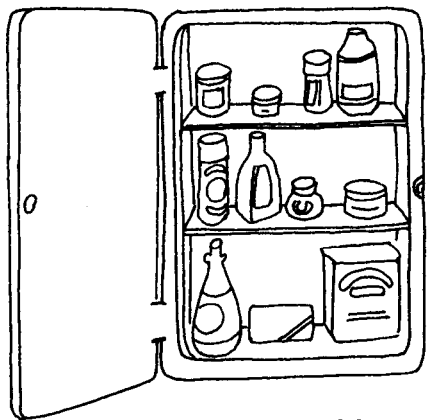
Have nurse help explain first aid, handling of blood, and why she wears gloves.

Play a game such as "Red Rover, " to demonstrate germs penetrating skin.

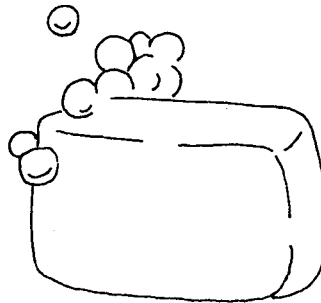
Name: _____

Dear Parent: Your child has been studying how to take care of minor cuts and scrapes. Please help us by going on a treasure hunt in your home to look for items on the following list. Either you or your child can circle the items once you find and talk about them.

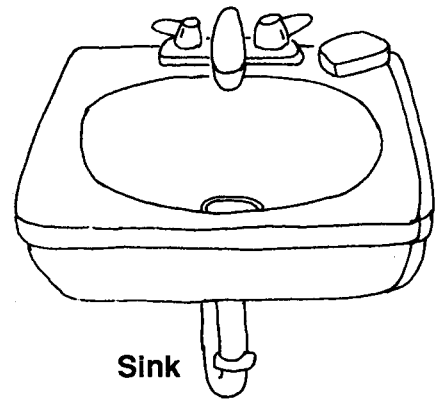
FIRST AID MATERIAL TREASURE HUNT



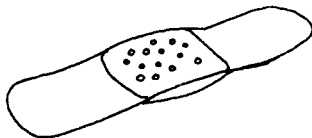
Medicine cabinet



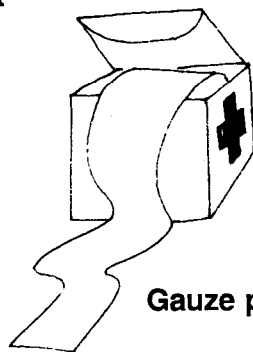
Soap



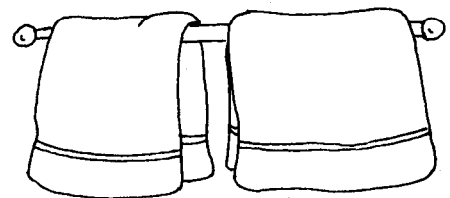
Sink



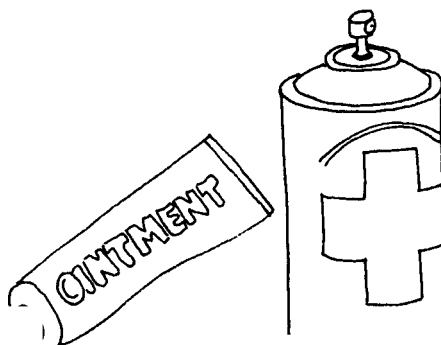
Bandage



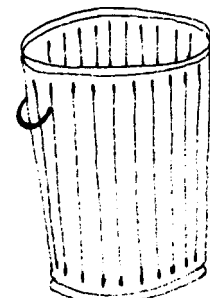
Gauze pad



Clean wash cloth



First aid spray, ointment



Garbage can

TEACHER INFORMATION

Healthy Kids: Keeping Safe GRADE KINDERGARTEN

LESSON 2

Places that Should Use Infection Control

The message here is that the first aid precautions should be used everywhere. Certainly there are some settings where the risk of infections is lower (elementary school classroom poses less risk than a sexually transmitted diseases clinic setting). There is no setting, however, where the risk is zero. The consequences of an exposure are so serious that the precautions are justified even in the lower-risk settings.

Precautions for Giving First Aid

When giving first aid to someone with a bleeding injury, steps should be taken to avoid direct contact with blood. These precautions apply to giving first aid to anyone, not just persons who are known to have an infection. Younger students should seek help from an adult before giving first aid.

People can be exposed to viruses by coming in contact with infected blood while providing first aid. The risk of infection by this means is very low and can occur only if the blood from the infected person can get through a break in the skin, such as a cut, open sore, or chapped area. Nevertheless, steps should be taken while providing first aid to avoid direct skin contact with blood.

Precautions with first aid cannot be limited to just those who are known to be Infected. It is important to remember that most persons infected with HIV and the Hepatitis B and C virus are not sick and do not know that they are infected. Therefore, the same precautions must be used when giving first aid to everyone.

The precautions include:

1. Persons giving first aid should use a first aid kit that includes a pair of plastic or rubber gloves.
2. Persons giving first aid should put on the gloves before having contact with blood, unless harm would come to the injured person because of a delay caused by putting on the gloves.
3. After giving first aid, all disposable items contaminated with blood should be placed in a plastic bag, which is tied shut and put in a wastebasket or trash can. Remove soiled gloves without touching the contaminated surface with bare hands. Dispose of the gloves.
4. Any clothes contaminated with blood should be laundered or dry-cleaned.

5. Any blood spilled on the floor, desks, or other surfaces should be cleaned up with soap and water. Then the surfaces should be disinfected and allowed to air dry. Household bleach may be used (household bleach may damage surfaces being cleaned). (Refer to U.S. Department of Labor, Bloodborne Pathogens, 1910.1030.)
6. All persons providing first aid and cleanup should wash thoroughly with soap and water as soon as possible after finishing the task.

First Aid Procedures for Bloody Nose

1. Place student in a sitting position with head forward.
2. Encourage student to apply pressure by pressing the bleeding nostril toward the middle of the nose.
3. If student is unable to help him/herself and needs assistance, caregiver should apply gloves before coming into skin contact with blood.
4. When nosebleed stops, wash gloved hands to remove gross amounts of blood.
5. Encourage student to wash all blood off the skin with soap and water.
6. Place any blood-stained first aid supplies in a plastic bag that can be sealed.
7. Clean up minor blood spills on all surfaces. See first aid precautions #5. For major blood spills, contact school custodian.
8. Remove gloves, turning inside out and place in plastic bag.
9. Wash hands with soap and water.

Student Assisting Student

If one student assists another student who is bleeding and comes into contact with that student's blood, the helping student should immediately wash his/her soiled skin with soap and running water. If the helping student has blood from another student on his/her clothing, it is recommended that every attempt be made to obtain clean clothing for this student.

Students should be encouraged to show care and concern for others, but cautioned against coming into contact with body fluids of an injured person.

TEACHER INFORMATION

Healthy Kids: Keeping Safe GRADE KINDERGARTEN LESSON 3

Learner Outcome

*Students accept (their) unique qualities and have positive regard for self and others.
Lesson may take two days.*

Vocabulary

Unique, handicapping condition, allergies.

Materials

Paper, color crayons, markers for drawing activity.

Activity

- Begin the lesson by having all the "blue-eyed" students stand for special recognition. Next, have all the students with curly hair stand for special recognition. Continue selecting special groups (e.g., ribbons in hair, left-handed, striped shirts, brown/blue eyed), ending with all of the students standing. *Use a student as an example to insure students understand concept referred to.*
- Read each of the items on the following list out loud. Ask students to raise their hands if they like the item read, or keep their hands down if they do not.

yogurt	skipping
broccoli	painting
hamburger	dancing
tacos	fishing
salad	cleaning house
squash	gardening

Show pictures or demonstrate.

Point out that everybody has special qualities both on the inside and outside of their bodies. Explain that the inside things that make us unique can be the foods we like and do not like to eat, or games we like and do not like to play. The outside things that make us unique can be the color of our skin, hair, and eyes.

- Teach students the following poem adapted from Dorothy Aldis. (Write the poem on the board or on a sheet of butcher paper.)

*"Everybody says,
I look just like my mother.
Everybody says,
I talk just like my Aunt Bee.
Everybody says,
I act just like my brother,
But I think I'm just like me!"*

Choral recitation would be good, but do not hold responsible for memorizing.

- Ask each student to name two things, one that can be seen and one that cannot be seen, which are unique about her/himself. Model this by saying, "I'm special because I have (*color*) eyes and I like (*activity, food, etc.*)."
Participation may be voluntary or teacher assisted.
- Continue the lesson telling students that another way of saying we are unique is that we are different. Explain that some people are different in ways we can see and in ways we cannot. Ask students if they can think of other ways that people are different. *Teacher gives examples before student examples.*
- Guide the discussion to include people with handicapping conditions, diabetes, allergies, or illnesses (e.g., cancer, etc.). *Include conditions like blind, deaf, in wheelchair, mentally handicapped, or any other disabilities that exist in the building.*
- Tell students if someone is different physically or if someone is ill, we should do our best to help, if needed, and be kind to them.
- Discuss some ways we can treat and help people who are different physically or who are sick.

Answers might include:

- * Send cards
- * Call on the phone
- * Play with them
- * Visit
- * Help with chores if a person cannot do them for him or herself
- * Treat them like they are special.

Role-play some of these.

- Have students draw a picture showing a way to help out someone who is different physically or by illness.

Closure

Finish the lesson by asking students to share their drawing and name some things they can do to help others feel special (e.g., recognize their talents, compliment their achievements, like them for who they are). *Dictate to teacher, volunteer, or cross-age tutor about their drawing.*

Family Involvement Activity

Have students take their drawings home to share with family members.

Additional Activity

Actually do a helpful activity:

- * Send cards to someone ill*
- * Send cards or visit retirement center*
- * Visit children's hospital or section of hospital*

Refer to guidance curriculum for additional activities on appreciating individual differences.

TEACHER INFORMATION

Healthy Kids: Keeping Safe GRADE KINDERGARTEN

LESSON 4

Learner Outcome

Students discuss appropriate strategies for dealing with unsafe objects (e.g., needles, bandages, matches, nails, glass, blood stained items, medications, chemicals) on the playground and in the neighborhood.

Vocabulary

Syringe/needle, unsafe, safe, razor blade.

Materials

Syringe (with needle and without) and/or pictures of unsafe objects. *Use actual objects whenever possible.*

Activity

- Discussion - Ask students, "What kinds of unsafe things have you seen on the playground and in your neighborhood?" Follow with teacher showing materials above (or pictures of materials) and telling children the items have germs on them and can be dangerous for children. *May need to review what germs are. Also discuss why items are unsafe (in addition to germs).*
- Ask the children if they can think of ways to make sure the unsafe items are taken from the playground or other places without the child touching it. Make sure responses include not touching the item, report finding the item to a responsible adult, not playing near the unsafe item, warning playmates to stay away.
- Students role-play finding unsafe items and appropriate behaviors:
 - * While playing hide-and-seek in the park you find a hypodermic needle (show picture or use plastic syringe). What should you do?
 - * While swinging on the playground, you see some broken glass nearby. What are some safe things to do?
 - * You see a bloody shirt in the gym at school. What should you do?

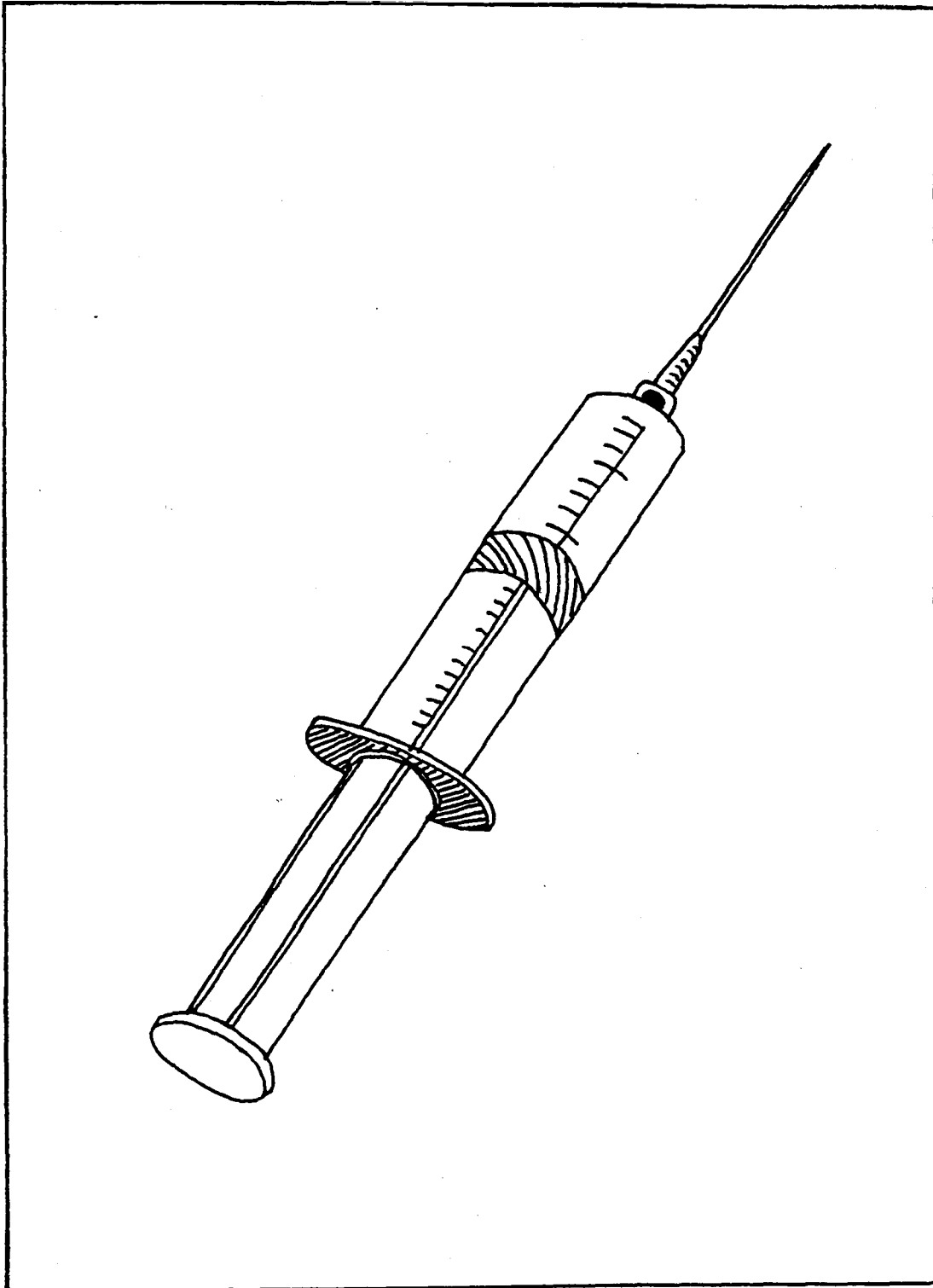
Closure

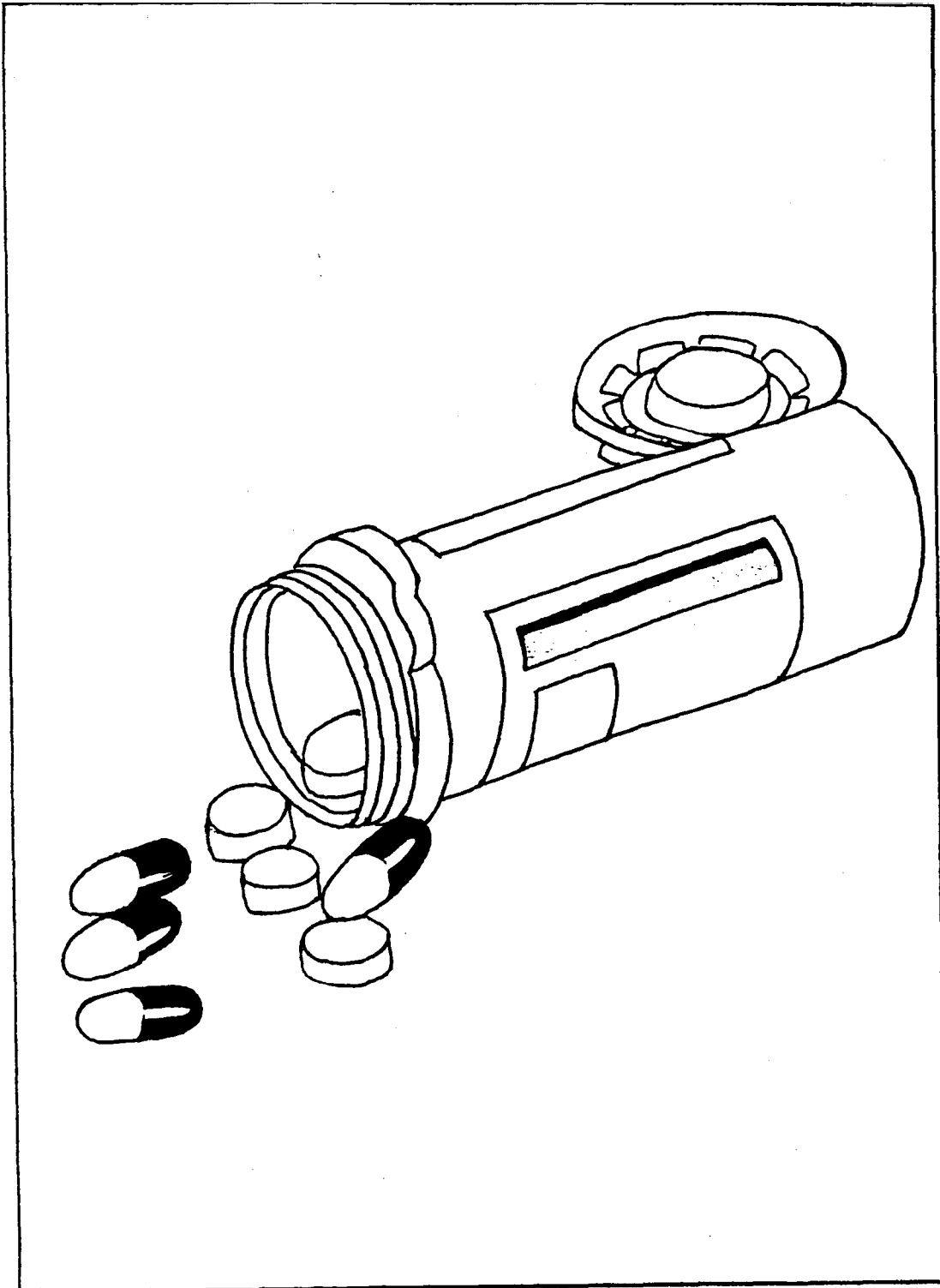
Post pictures of unsafe items on bulletin board.

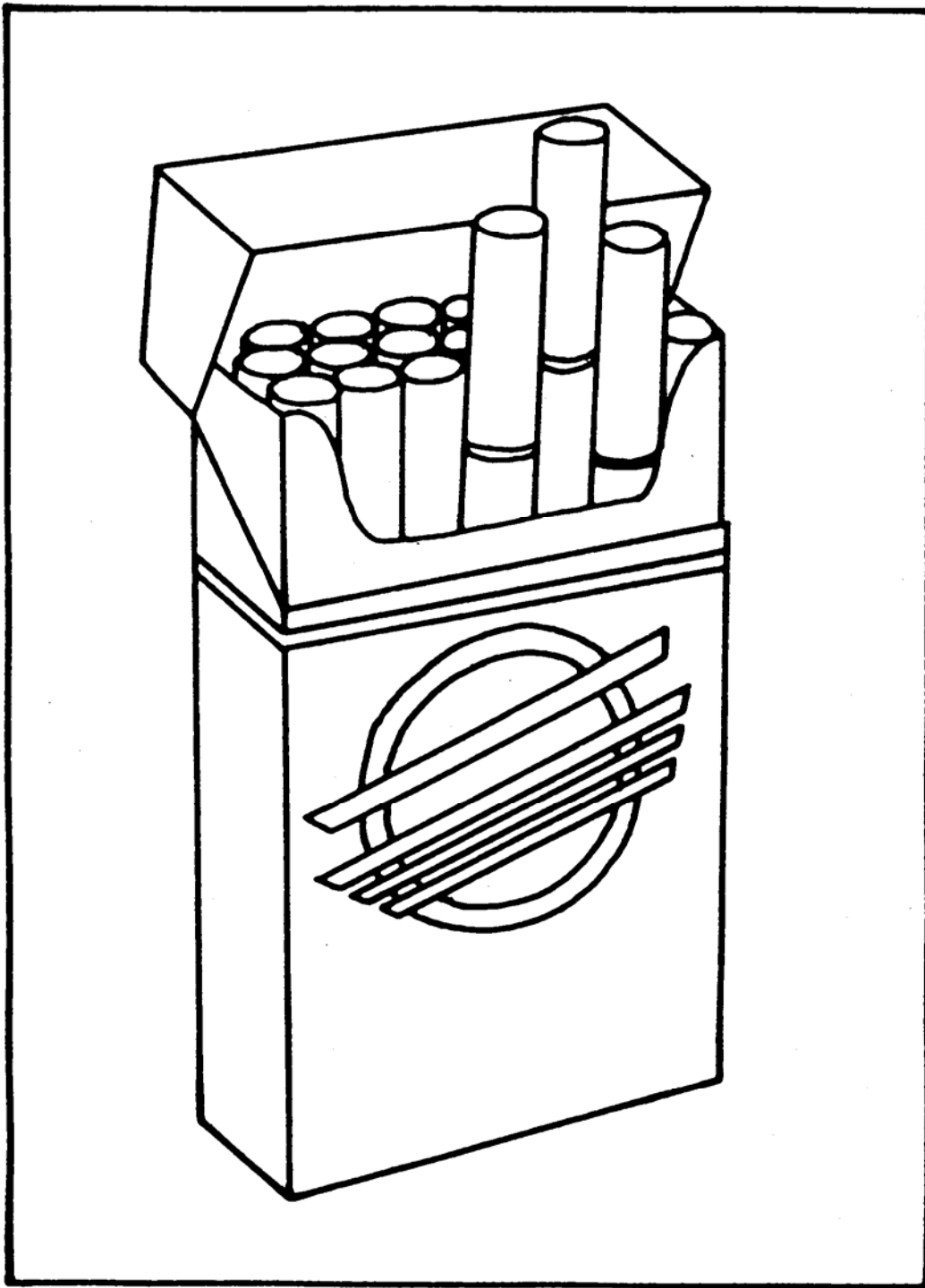
Ask students why we take precautions with unusual objects. (Answer: So they don't get injured or infected with germs.)

Family Involvement Activity

Send a note home with the student asking parent and child to check their home/neighborhood identifying unsafe (unusual) objects.







FIRST GRADE

Lesson 1

Lesson 2

Lesson 3

Lesson 4

Lesson 5

Lesson 6

Lesson 7

GRADE LEVEL CONTENT MATRIX

FIRST GRADE

LEARNER OUTCOME	LESSON							OHECS
	1	2	3	4	5	6	7	
1. Understand that some diseases are communicable and some are not.	I	R						CC SM
2. Understand that the spread of communicable disease can be prevented.	I	R	R	R				CC SM
3. Practice behaviors that reduce the spread of communicable disease within the context of daily activity; i.e., handwashing.	I	R	R					SM
4. Understand that AIDS is a communicable disease that is hard to catch.								CC
5. Decide about and demonstrate procedures for care of minor cuts and injuries.					I			DM
6. Illustrate responses for emergency situations at home, school and community * Blood spills					I			SM IC
7. Accept their unique qualities and have a positive regard for themselves and others.						I		SM
8. Recognize risk behaviors and methods for prevention								SM
* Peer Pressure							I	SM
* Unsafe objects								
* Refusal skills				I			R	

I = Introduce

R = Reinforce

Oregon Health Education Content Standards

CC = Concepts

AI = Accessing Information

SM = Self Management

INF = Analyzing Influences

IC = Interpersonal Communication

GS = Goal-Setting

DM = Decision-Making

AV = Advocacy

Healthy Kids: Keeping Safe

GRADE 1

LESSON 1

Learner Outcome

Students understand how germs are spread and how our bodies are protected against germs

Vocabulary

Germ, responsible, first aid center, internal, reduce, immune, disease

Materials

Activity Sheet "My Immune System," magazines (with pictures of exercise, rest, food, medicine), facial tissue, bandages, precut butcher paper or cardboard in the shape of a shield (one for each student), misting bottle (clean, clear, spray bottle with water)

Activity

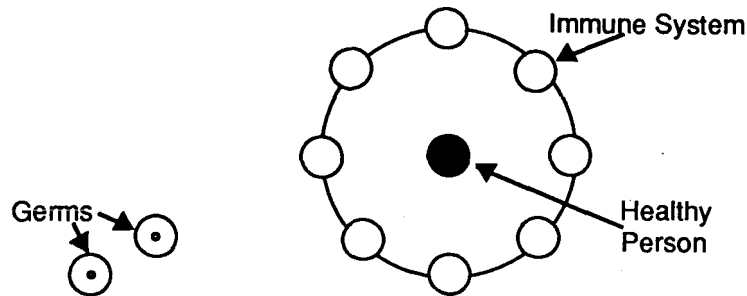
- Activity could be broken into two days.
- Review the GERM concept.
 - * Explain that germs are very tiny living things that can cause disease. There are different kinds of germs, like bacteria and viruses. When you have a sore throat, it's caused by a special kind of bacteria. When you have a cold, it's caused by a special kind of virus.
 - * Explain that people get sick when germs enter the body. Germs can enter our body through body openings like eyes, ears, nose, mouth, and through cuts, sores or any injury in our skin.
- Teacher or students uses clean, clear, plastic, spray/mister bottle to demonstrate to class how germs can be spread.
 - * Teacher asks class, "When I aim at the board and spray what will happen?"
 - * Teacher aims the spray nozzle at the board, then sprays (students can also do spraying and feel effect).
 - * Teacher/student also demonstrates that when the spray nozzle is covered with facial tissue the spray does not spread.
 - * Teacher asks the students, "How might this demonstration be similar to the spreading of some germs?" Students are asked to give examples of how germs can be spread. The teacher reinforces the way germs can be spread. Sneezing, coughing, sharing food, sharing eating utensils, etc.

Make sure students understand germs come from sneezing not spray bottle.
- Teacher and students discuss and demonstrate how to reduce the risk of spreading germs by being responsible (i.e., covering mouth, using facial tissue, using first aid center, washing hands) (see a prior lesson). *Kindergarten – Lesson 1.*

- Teacher displays sample shield found in lesson and explains the immune system is like this shield in that the immune system is our internal body shield to fight germs. *Skip shield analogy. Discuss ways of keeping body healthy such as food, rest, exercise. Also see optional activities.*
- Teacher explains now we will play a game about how our immune system protects us from germs. *Cross-reference to health units in nutrition and good health habits.*
- Health Immune System Game

<u>Roles:</u>	
Immune System	6-8 students
Germs	4-7 students
Healthy Person	1 student

Diagram of beginning position



Students can use body movement to demonstrate the function of a healthy immune system. Tell students to act out how the immune system works. Split students into groups and have them select their roles. Have the students assigned to play the immune system role form an immune system circle by joining hands. The student playing the healthy person can stand inside the circle to symbolize how a person's immune system protects one from germs. Teacher: Instruct germs to approach the immune system and gently nudge the clasped hands. Instruct the immune system to hold hands firmly because as long as the immune system remains intact (the circle remains unbroken) the immune system is able to protect us from germs. The immune system remains intact and the person maintains his or her health.

- Teacher displays shield and describes activities that are on the shield and asks students how they make a person stronger or healthier if they follow these behaviors. *Skip this activity if good health habits have been discussed as noted earlier.*
- After discussing the activities on the sample immune system shield, students will illustrate the healthy activities on their own immune system shield using the black line master. *Instead of small boxes in shield, have students draw one picture on blank shield or see optional activities.*

Decision-Making

Students decide what items they want on their shields, that will display healthy behaviors to help fight germs, and where to put them.

Closure

Have student share with a neighbor why they put certain items on their shields. *Adjust to fit activities your class completed.*

Family Involvement Activity

Family Involvement Activity "Shield" letter could be attached. *Adjust letter wording to fit activities your class completed.*

Optional Activity

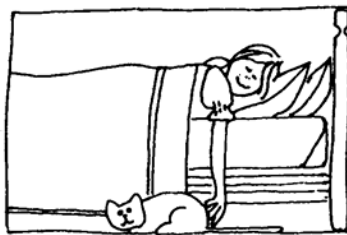
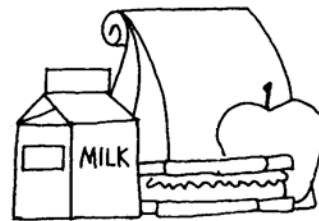
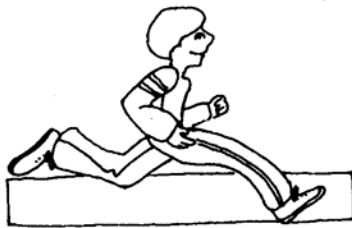
- Display shields in school.
- Replay immune system game and have students wear immune system shields made. *Cut magazine pictures or choose from precut pictures of healthy activities and paste on paper or large paper shield.*

**I HELP
My Immune System**

Name _____

I HELP My Immune System

Name _____



Name: _____

1. Today at school we studied about our bodies' immune system.
2. Our immune system is like an internal body shield to fight germs.
3. We discussed things we can do to keep from getting sick.
4. We developed a shield of healthy things we can do. Please look at my shield and ask me questions about it.

Healthy Kids: Keeping Safe

GRADE 1

LESSON 2

Learner Outcome

Students are able to distinguish the difference between diseases that can be spread to one another and those that can not.

Vocabulary

Disease*, sick*, chart, brainstorm (*Priority words)

Materials

Make game boards of family involvement activity--need dice, and markers.

Overhead transparency of how disease spreads from one person to another.

(Make transparency of "Family Involvement Activity" student groups.)

Activity

- Introduce the lesson by explaining to the class that today we are going to talk about diseases that can be spread from one person to another.
- Teacher uses overhead transparency of student groups.
- Teacher encourages students to brainstorm diseases or other ways that people can feel not well. These ideas are listed on the overhead transparency under group 1 or use a chart. (One of the rules of brainstorming is that any contribution is accepted without judgment during the session. List may include cold, mumps, chicken pox, cancer, broken *arm*, *AIDS*.)
- Review with students previous lesson about the way germs can cause illness. Remind students that sometimes if a person has a germ he/she can spread that germ or that illness to someone else.
- Teacher assist students to decide which of these ways of being "not well" can be spread from one person to another. Teacher asks "Can a person with a cold give it to someone else?" The students respond "Yes!" Teacher draws a line from cold, listed under group one to group two or from one person to another person. Teacher repeats the process for the remaining illnesses listed.
- Remind students that the spread of germs that cause illness can be prevented if we practice good health habits (i.e., covering mouth when we cough or sneeze, not sharing eating utensils, etc.).

Closure

Teacher asks students to summarize which diseases can be spread and which diseases cannot be spread. Ask class: Which diseases can be spread from one person to another? Which diseases cannot be spread? What about AIDS? *Don't introduce AIDS issue at this point.*

Family Involvement Activity

Student is encouraged to take activity home to share. Family Involvement Activity "Staying Well Game."

Optional Activity

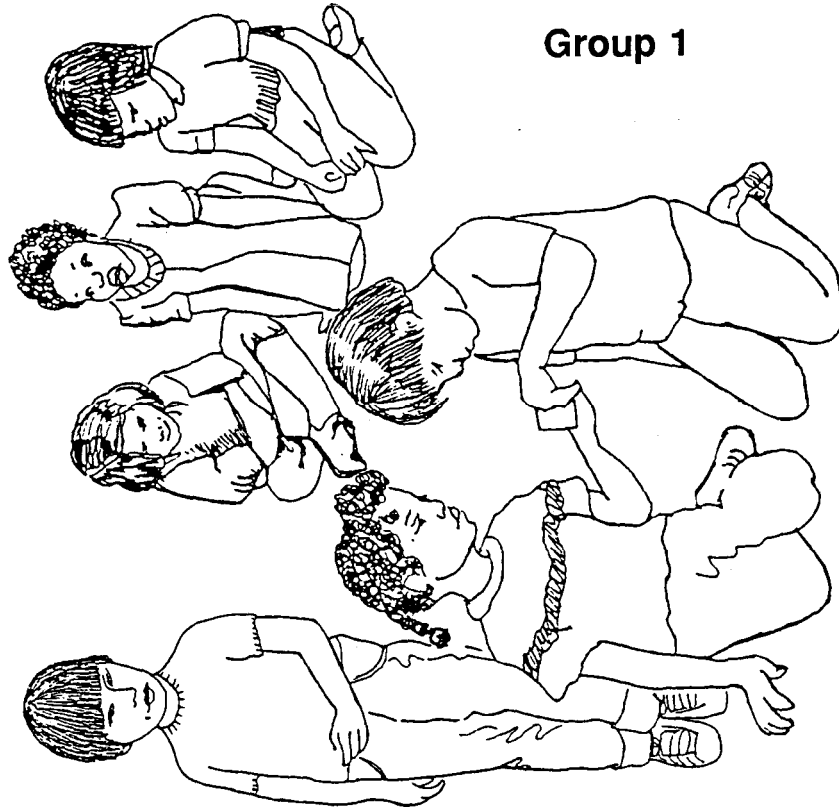
Play the Family Involvement Activity in class.

Play in class - use CPSS-age tutors or cooperative learning groups.

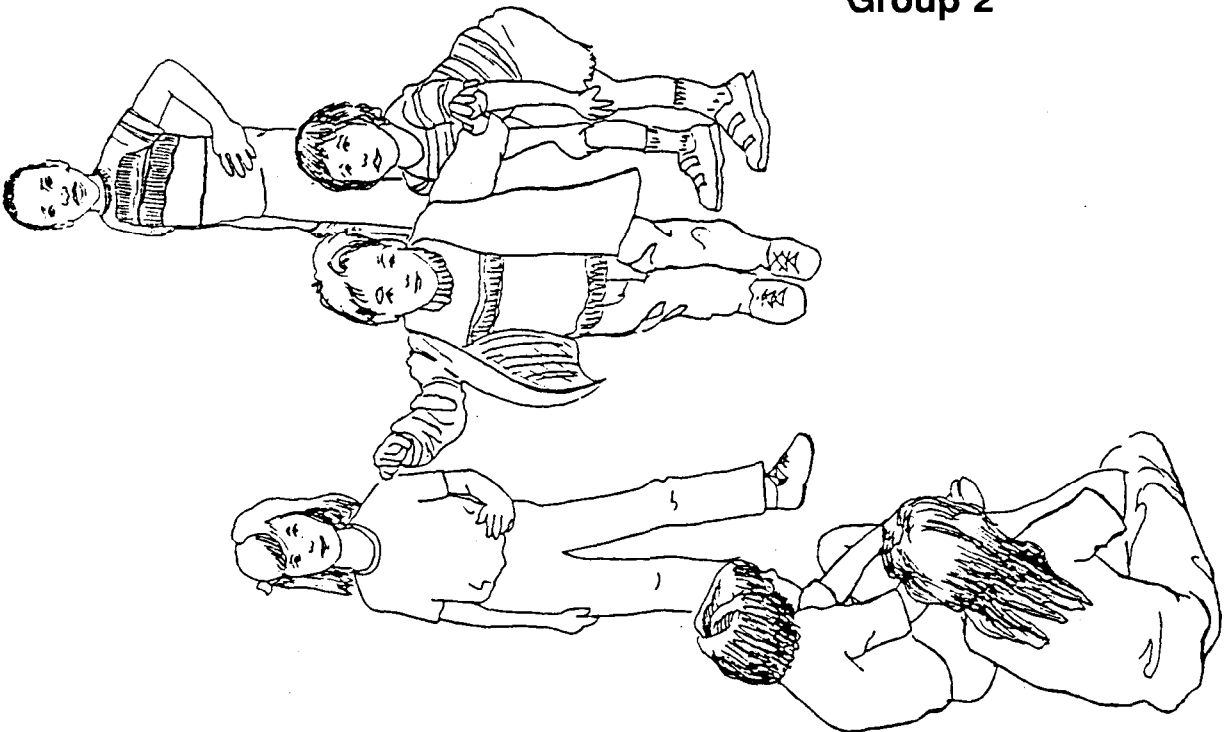
Play game throughout year for review.

Adapted from material in *Does AIDS Hurt: Educating Young Children About AIDS*, Marcia Quackenbush, MS, Sylvia Villarreal, MD, Network Publications, Santa Cruz, CA. ISBN: 0-941816-52-4.

Group 1



Group 2



FAMILY INVOLVEMENT ACTIVITY**GRADE 1
LESSON 2****NAME:** _____

Dear Parent: Your child has been learning about staying well. Play the "Staying Well" game to help your child review what she/he has learned. Use buttons for markers. Use one die. A player rolls the die to learn how many spaces to move the marker button. Move the marker the correct number of spaces and do what it says on that space. A blank space is provided for you to complete a health habit you would like your child to practice (i.e., not sharing food, eating breakfast...).

BEGIN HERE	You use your own glass. Move ahead 1 space.	You breathe cold germs. Go back 2 spaces.	Your body fights germs. Go ahead 2 spaces.
			You have a sore throat. Go back 1 space.
You clean a cut. Go ahead 2 spaces.	You forget to wash your hands before a meal. Begin again.	You sleep and rest. Go ahead 2 spaces.	You exercise. Go ahead 2 spaces.
You eat healthful snack. Go ahead 1 space.			
	You do not obey safety rules. Go back 2 spaces.	You cover your nose when you sneeze. Go ahead 2 spaces.	You stay up too late. Go back 1 space.
			You take a bath to clean your body. Go ahead 1 space.
STAY WELL WINNER	Your behavior makes others happy. Go ahead.	You follow rules of parents. Go ahead 1 space.	You let dirt and germs into a cut. Go back 3 spaces.

Reprinted with minor revisions from *Health Focus on You: Teacher's Resource Book*, grade 2, page 34. Merrill Publishing Co., 1987, by Bell and Howell.

Healthy Kids: Keeping Safe

GRADE 1

LESSON 3

Learner Outcome

Students show respect for cleanliness.

Vocabulary

Germs, disease, virus, bacteria spread, prevention

Materials

Four-part story (finger puppets optional). *Story lasts several days.*

Soap-water-towels (handwashing demonstration)

Paper, crayon, mural material

Handwashing poster

Activity

- Ask volunteers in class to tell what they do each day to keep clean. (Answers might include taking a bath or shower, washing hands or hair, and brushing teeth.)
- Discuss how students think keeping clean helps a person stay healthy (let students suggest answers).
 - * Relate illness to germs
- Perhaps someone has a cold. Encourage students to share their past experiences of illness with the class.
 - * Tell them to describe how they felt.
 - * Did they feel hot?
 - * Did their throat hurt?
 - * Did they have to see a doctor? If so, what did the doctor say was wrong?
- Read the story of Jasper Germ, Velma Virus, and Baxter Bacteria. The read-aloud story is divided into four parts. You may want to read it over a period of several days.
 - * The story is designed to help children understand: (1) where germs are found; (2) how disease germs can be spread, especially by hands; (3) how to wash hands; (4) how thorough handwashing with soap and warm running water helps rinse disease germs from hands.
- Use the discussion starters at the end of each part to encourage students to think about messages being promoted in the story.

Make a poster or use a poster to show when handwashing should occur: sneezing, coughing, before eating, petting animals, using the bathroom, playing, etc.

- Teacher leads classroom discussion of health or infection, including different ways germs can spread infection from one to another.

- The teacher and students discuss and practice proper handwashing.
 - * Wash hands thoroughly, cleansing all surfaces in the way illustrated, on the handwashing poster. *If poster is not available, teacher demonstrates.*
 - * Explain how handwashing with soap and water can help to wash away many germs, including germs that can cause sickness; why washing with water alone is not as effective as washing with soap.
 - * Explain the role handwashing plays in helping maintain health.
 - * Develop the habit of washing hands before or after specific situations such as playing, eating and going to the bathroom.

Have students practice handwashing.
- Ask students to relate any experiences they have had that are similar to those of the fictional children. *Do this following story and discussion starters.*

Follow-Up Activity

Ask students to dictate a possible different ending to each part of the story. *Work in groups to dictate one ending for each part, or omit this activity.*

Make a class mural to which each student adds characters, creating a progressive story. Use a theme such as "When We Should Wash Our Hands." *Optional.*

Appoint "handwashing helpers" who will take responsibility as Carmen does in the story, for reminding partners to wash hands at crucial times. Make Captain Clean badges for "handwashing helpers" to wear in class.

Ask each student to name a favorite activity at school or home. Which ones involve the possibility of germs getting on hands as a result of the activity? What should they do after the activity to keep germs from causing trouble?

Closure

Ask students to explain the role handwashing plays in helping to maintain health.

Family Involvement Activity

Complete a class chart using all students.

Have student demonstrate how they learned to wash their hands at school. (Procter & Gamble Handwashing Program) "My Handwashing Chart," Parent Involvement Activity Sheet.

Optional Activity

Provide a hands-on activity by using a microscope to view germs and other items (water, dirt, fingerprint). Have students draw picture of item before and after viewing through microscope.

Students make their own finger puppets or hand puppets.

Reprinted with revisions from *Handwashing Education Program for First Grade*, Procter and Gamble Company, 1987.

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 1

LESSON 3

“GERMS ARE EVERYWHERE” (Four-part story)

PART I: The Germ Gang Goes to New York

There are good germs. And then there are trouble-making germs like Jasper Germ, Baxter Bacteria and Velma Virus who try to make people sick. Dirty and mean-looking, Jasper's germ gang went to New York City to look for a place to live.

"Jasper, are you sure this is a good place?" Baxter asked, throwing down his knapsack.

"Of course! The city is full of people who don't wash their hands."

"Hurrray!" cheered Velma with an evil gleam in her eyes. "Maybe someone who doesn't wash before meals."

"Exactly," said Jasper. "Or someone who doesn't wash after using the bathroom or playing with pets."

"I get it!" said Baxter. "Thousands of people don't wash after playing or before fixing a snack or eating."

"Right, gang!" said Jasper. "And when they don't wash, you know what that means."

"It means we have a chance to do our dirty work," Velma smiled wickedly. "We get on people's hands and try to sneak inside them when they rub their eyes or nose or put their fingers in their mouths."

"Nothing can stop us!" shouted Baxter, picking up his knapsack. "Let's go."

"Not so fast," said Jasper. "First I must tell you something very important." Jasper was serious. "You must always watch out for Captain Clean."

"Captain Clean? Who's he?" asked Baxter.

Jasper began to shake. "Jasper, what's wrong?" asked Velma.

"Captain Clean is a mean, clean hand machine. And when he teams up with warm water, watch out!" Jasper was shaking more than ever.

"You mean soap and water can spoil all our fun?" asked Baxter.

Jasper nodded and shuddered. "Be careful, gang. When people wash their hands, germs like us can get sent down the drain."

Then Jasper germ tried to smile. "A germ's life is not easy. But be brave. Many people forget about Captain Clean."

"Then let's go!" said Baxter.

Discussion Starters:

The germ gang is not nice because...

I think these are some places germs might live...

I wash my hands when...

PART II: Jasper Leads the Way

Like Jasper said, it didn't take long to find a new home. May Lin and Chris were playing jump rope outside their apartment building.

"What do you think?" asked Jasper.

"Looks good," said Baxter. "But how do we know that other germs aren't living here? Maybe they don't want company."

"Don't be silly," chuckled Jasper. "Thousands of germs can sit on a very small area of skin."

"In that case. . ." Baxter started toward May Lin. "Can't she see us?" asked Velma.

"Not at all," said Jasper. "We're so small we're invisible. She can see dirt but she can't see us."

With that, Jasper, Baxter and Velma floated onto May Lin's hand. "Comfortable," said Baxter.

"When does the party start?" asked Velma.

"Patience," said Jasper. He smiled wickedly. "Be patient."

Soon May Lin said to Chris, "I'm hungry. Let's have some cookies."

In the kitchen, Captain Clean was on the alert. He watched May Lin get milk from the refrigerator and Chris reach for the cookie jar.

Then Chris asked, "Should we wash our hands?"

When Jasper, Baxter and Velma heard these words, they froze. Would Captain Clean stop their fun before it even started?

May Lin looked at her hands. "No, they aren't dirty."

At that the germs laughed so hard they rolled all over May Lin's hand. "Watch me," said Jasper, still laughing. "I'll show you how it's done."

But Captain Clean knew what was about to happen. When May Lin reached into the cookie jar, Captain Clean sitting on the sink shouted, "No! Wait! Stop! Think!" But before

he could even blink, May Lin swallowed the cookie and Jasper quick as a wink. The next day May Lin had a stomachache.

Discussion Starters:

1. My hands are dirty when...
2. This is why I think May Lin got sick...
3. After playing, May Lin should have...

PART III: Velma Moves In

"Jasper's having fun," said Velma.

"Now it's our turn," said Baxter, rubbing his filthy hands together eagerly. "Let's go."

So Baxter and Velma started on their journey. They traveled through the city on buses, trains and a ferry. They sat on a woman's coat, a construction worker's hat, and even a dog's tail. But no place seemed like home.

"Are we doing everything right?" asked Velma. "I want to make someone sick."

"Don't get discouraged," cheered Baxter in his nasty way. "Remember, Jasper said to be patient."

"Right," said Velma, an ugly gleam in her eyes. "I've got a good chance. Lots of people don't wash their hands."

Soon afterward Baxter Bacteria and Velma Virus found themselves on the hands of a truck driver and they were speeding out of the city.

Baxter was concerned. "Jasper said the city was such a good place to live."

"Don't worry," snapped Velma. "You're such an impatient germ! We can live anywhere!"

After a long ride the germs reached a suburb of Kansas City, where the driver lived with his wife and son John.

When the truck driver got home John was in the garden.

"Hooray!" shouted Velma, seeing John. "Virus heaven. I can make this boy sick in a minute."

"Wonderfully filthy hands," said Baxter.

The germs made themselves at home in the dirt on John's hands. Soon John stopped playing and went inside.

Before Baxter and Velma knew what was happening, John was standing in front of the bathroom sink.

"No!" gasped the germs together. "Not Captain Clean!"

Sure enough, the mean, clean hand machine sat on the sink looking tough the scariest' thing the germs had ever seen.

John turned on the water and Baxter shouted, "Hang on, Velma!" John ran his hands under the water and rubbed them a little bit.

When he shut off the water, Baxter and Velma were soggy, but because they were nestled firmly in the dirt, they were still sitting on John's hands.

Captain Clean knew what was happening. When John reached for the towel, Captain Clean, sitting on the sink, shouted, "No! Wait! Stop! Think!" But before he could even blink, John grabbed the towel as quick as a wink.

"We've won!" shouted Baxter.

"He's all mine!" laughed Velma.

Later that week John started sniffing. His mother said he had a cold.

Discussion Starters:

1. I don't think washing with water alone helped John because...
2. Captain Clean couldn't help John because...
3. This is what I think John could have done to stay well...

PART IV: Baxter Looses Out

Baxter Bacteria was all alone now and he was just itching to make someone sick. Since he had heard Texas was a great place to live, he hopped on a breeze and headed south.

Just as he drifted from Oklahoma into Texas, Baxter spotted a welcome sight. There was a small town and on one side of it, the best place in the world to live - a school!

"Jasper would be so proud," said the nasty bacteria. "Schools are a perfect place to make someone sick."

With that, Baxter zoomed down to the school and into the first grade class.

There were so many children that Baxter couldn't decide who he wanted to live on the most. Then he saw Carmen.

"Comfy," said Baxter as he sat on Carmen's hand. "Looks like I'm in luck. It's lunch time." Carmen picked up her lunch box and set it on her desk.

"Goody, goody," cheered Baxter wickedly.

But before Carmen snapped open her box, someone called to her. It was the mean, clean hand machine.

Captain Clean, sitting on the sink, shouted, "No! Wait! Stop! Think!"

And before Baxter Bacteria could even blink, Carmen jumped up from her seat as quick as a wink. She even said to her friends, Timothy and Ellie, "Come on, let's wash our hands.

Baxter was frightened. He clung to Carmen's skin.

At the sink Carmen turned on the water and splashed it on her hands. Baxter got drenched. He could see Captain Clean sitting on the sink and he shuddered. Maybe he would only get wet.

But Carmen had other ideas. She reached for Captain Clean and squirted a powerful stream of soap into the hand.

"No. screamed Baxter. "No "Yes! thundered Captain Clean.

Carmen rubbed her hands until they were bubbly. Baxter choked and gasped. When Carmen rinsed off the soap, Baxter slid off her hands and down the drain.

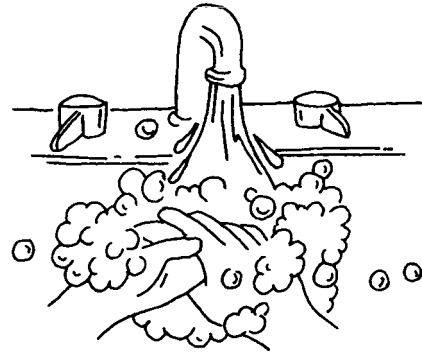
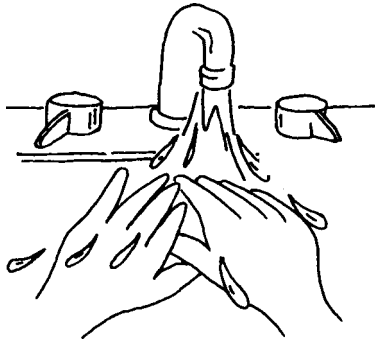
The next day the first graders had a class picnic in a nearby park. Carmen and all her classmates who were well and healthy had lots of fun playing outside.

Discussion Starters:

1. I should wash my hands when...
2. Captain Clean can help me if...
3. This is how I can help my friends remember to wash their hands...

HOME HANDWASHING CHART

Find a handwashing helper at home. Ask your helper to put a sticker in the correct box each time you wash your hands.



	Breakfast	Before Lunch	Before Dinner	Always After Bathroom	Other Times
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Healthy Kids: Keeping Safe

GRADE 1

LESSON 4

Learner Outcome

Students are able to demonstrate self-responsibility concerning sharing of personal items.

Vocabulary

Healthy, unhealthy, germs

Materials

Activity Sheet "Share Healthy Items Only `Please'," Family Involvement Activity "Staying Well Game" (*Actual items needed for activity below.*)

Activity

- Teacher introduces the lesson by asking the class for examples of things that we do share (i.e., toys, crayons, friends, swings). *Teacher holds up actual items.*
- Teacher asks student to give examples of unhealthy things to share (i.e., gum, toothbrush, food). *Teacher holds up actual items.*
- Teacher asks question, "When would it not be okay to share a toy; personal item like comb, hat, jacket?"
- Teacher explains activity sheet. Students to color items that are healthy to share and cross out items that are unhealthy to share.

Decision-Making

Students decide which items are not healthy to share.

Closure

Teacher summarizes what should and should not be shared. *Holdup items and class responds yes" or "no" or 'thumbs up, thumbs down.'*

Family Involvement Activity

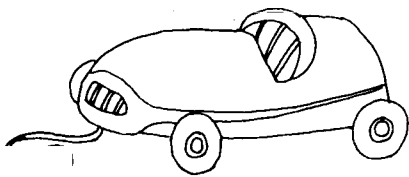
Students are encouraged to take activity home to share. Family Involvement Activity Staying Well Game can be stapled on top of student activity sheet. The Family Activity is designed to reinforce all concepts taught in lessons 1-7. *See Grade 1, Lesson 2.*

Optional Activity

Play the Family Involvement Activity in class.

Color the Items below that you would share. *Circle the items below that you would share.* Cross out the Items you would not share.

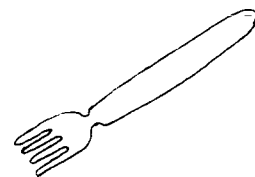
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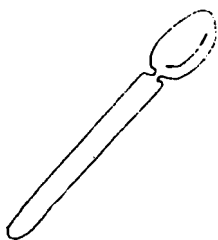
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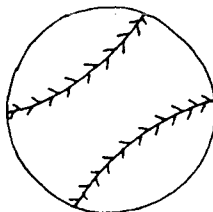
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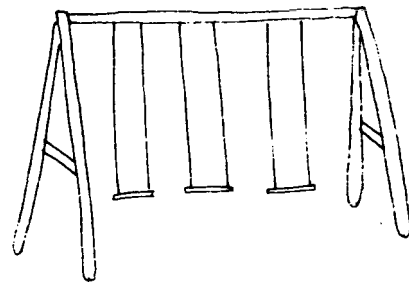
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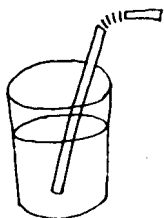
SPOON



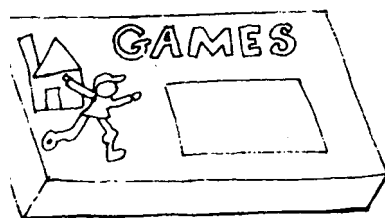
BALL



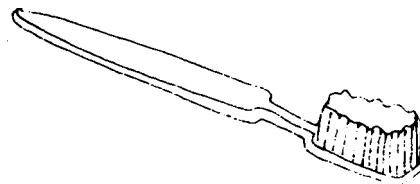
SWING



STRAW



GAME



TOOTHBRUSH

“STAYING WELL GAME”

Healthy Kids: Keeping Safe

GRADE 1

LESSON 5

Learner Outcome

Students are able to demonstrate knowledge of injuries and responsibility concerning blood spills. Lesson may take one to two days.

Vocabulary

First aid kit, story problem

Materials

Bandages, gauze pads, plastic gloves (latex), plastic bags, or equivalent first aid kit approved by school district, Family Involvement Sheet, *First Aid Station*

Activity

- Teacher began the lesson by asking students if they have ever fallen off a skateboard or bicycle. *Share story with partner.*
- Ask what happened. Did they injure or scrape part of their body when they fell?
- Explain that scrapes from falls are common and that scrapes and cuts need special attention.
 - * cleaned with soap and water
 - * covered with a bandage--this keeps germs from entering the body.
- Refer to previous lessons on germs.
- Explain to students that all minor scrapes and especially serious cuts and injuries involving blood should be reported to an adult. *Adult = older or bigger person.*
- Teacher introduces items in first aid kit and demonstrates use.
- Teacher describes story problem and asks for volunteers to demonstrate appropriate first aid response to each story problem (i.e., playground, classroom, restroom, blood spills).
 - * Teacher is encouraged to develop story problem based on actual activity from school.
 - * Teacher explains, even if students are not identified to volunteer, students need to imagine a response to the story problem.*Use actual demonstrations.*

Story Problem

- It is recess time, you are on the playground having fun with your friends and all of a sudden a ball from another game comes and hits you in the face. You had a loose tooth and now the tooth feels very loose when you touch it and your hands get bloody. What should you do?

You are playing a game of tag. While chasing a friend you fall and scrape your hand. What should you do?

- It is Saturday, the school is not open, there is no first aid kit, and you are hurt on the playground. What should you do?

Story problems can be assigned and discussed in small groups. Then small groups share with whole class. Role play some of the story problems.

- Encourage students to care for their own minor bleeding injuries. If they cannot, they should seek an adult for assistance. *Critical information!*

Guided practice by pretending to get injury, actually wash injury and actually put band-aid on.

- Either story problem can be substituted with **your friend**. This can change the student response to the question "What should you do?"
- Students should be encouraged to show care and concern for others, but cautioned against coming into contact with body fluids of an injured person. Remind students that germs can be passed to another person through blood. *Critical information!*
- Establish first aid station in classroom and introduce students to items contained in the *station*. *Explain importance of using gloves when helping another person.*

Handout coloring sheet with items in first aid center and have students color items. *Coloring may be difficult due to fine motor coordination.*

Decision-Making

Students decide what should be done in story problem.

Closure

What items are needed for a first aid kit? What would you do if your friend were injured while playing on the playground (role play)?

Family Involvement Activity

Students take home activity sheets "First Aid Station" and with parental help, they circle the first aid items they have at home.

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 1

LESSON 5

Places That Should Use Infection Control

The message here is that the first aid precautions should be used everywhere. Certainly there are some settings where the risk of infections is lower (elementary school classroom poses less risk than a sexually transmitted diseases clinic setting). There is no setting, however, where the risk is zero. The consequences of an exposure are so serious that the precautions are justified even in the lower risk settings.

Precautions for Giving First Aid

When giving first aid to someone with a bleeding injury, steps should be taken to avoid direct contact with blood. These precautions apply to giving first aid to anyone, not just persons who are known to have an infection. Younger students should seek help from an adult before giving first aid.

People can be exposed to viruses by coming in contact with infected blood while providing first aid. The risk of infection by this means is very low and can occur only if the blood from the infected person can get through a break in the skin, such as a cut, open sore or chapped area. Nevertheless, steps should be taken while providing first aid to avoid direct skin contact with blood.

Precautions with first aid cannot be limited to just those who are known to be infected. It is important to remember that most persons infected with HIV and the hepatitis B virus are not sick and do not know that they are infected. Therefore, the same precautions must be used when giving first aid to everyone.

The precautions include:

1. Persons giving first aid should use a first aid kit that includes a pair of plastic or rubber gloves.
2. Persons giving first aid should put on the gloves before having contact with blood, unless harm would come to the injured person because of a delay caused by putting on the gloves.
3. After giving first aid, all disposable items contaminated with blood should be placed in a plastic bag, which is tied shut and put in a wastebasket or trash can. Remove soiled gloves without touching the contaminated surface with bare hands. Dispose of the gloves.
4. Any clothes contaminated with blood should be laundered or dry-cleaned.
5. Any blood spilled on the floor, desks or other surfaces should be cleaned up with soap and water. Then the surfaces should be disinfected and allowed to air dry. Household bleach may be used (household bleach may damage surfaces being cleaned). (Refer to U.S. Department of Labor, Bloodborne Pathogens,

1910.1030.)

6. All persons providing first aid and cleanup should wash thoroughly with soap and water as soon as possible after finishing the task.

First Aid Procedures For Bloody Nose

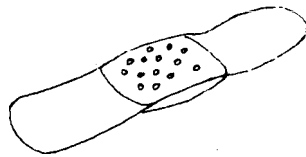
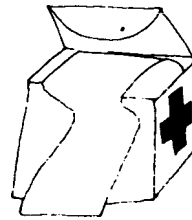
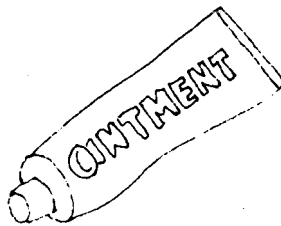
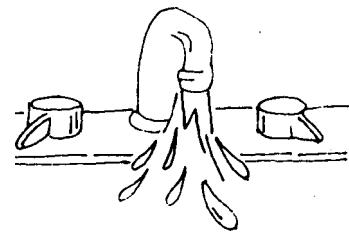
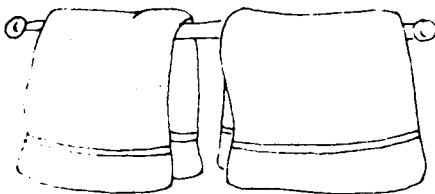
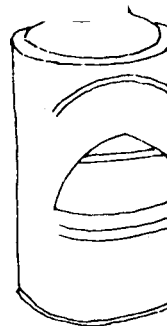
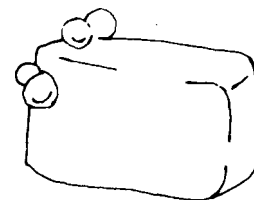
1. Place student in a sitting position with head forward.
2. Encourage student to apply pressure by pressing the bleeding nostril toward the middle of the nose.
3. If student is unable to help him/herself and needs assistance, caregiver should apply gloves before coming into skin contact with blood.
4. When nose bleed stops, wash gloved hands to remove gross amounts of blood.
5. Encourage student to wash all blood off the skin with soap and water.
6. Place any blood-stained first aid supplies in a plastic bag which can be sealed.
7. Clean up minor blood spills on all surfaces. See first aid precautions #5. For major blood spills, contact school custodian.
8. Remove gloves, turning inside out and place in plastic bag.
9. Wash hands with soap and water.

Student Assisting Student

If one student assists another student who is bleeding and comes into contact with that student's blood, the helping student should immediately wash his/her soiled skin with soap and running water. If the helping student has blood from another student on his/her clothing, it is recommended that every attempt be made to obtain clean clothing for this student.

Students should be encouraged to show care and concern for others, but cautioned against coming into contact with body fluids of an injured person.

Dear _____ : Today we learned about the First Aid Center at school. I colored the things we have at school. With your help I need to circle the first aid things we have at home.

FIRST AID STATIONS**BANDAGE****GAUZE PAD****LATEX GLOVES****OINTMENT****WATER****CLEAN TOWELS****DISINFECTANT****SOAP**

Teacher: Note words will be replaced with pictures in the final copy.

Healthy Kids: Keeping Safe

GRADE 1

LESSON 6

Learner Outcome

Students are able to identify him/herself as a unique and special individual.

Vocabulary

Unique, special, individual, reflection, self portrait.

Materials

Box gift wrapped with lid, mirror that fits inside box, bulletin board, words *Super Me*, small composite class pictures.

Activity

- Please note this lesson works best when conducted in two days or the a.m. of one day for Part I and the p.m. for Part II or vice versa.
- The gift wrapped box is placed in the center of a display (i.e., table area, secured to bulletin board, station area in classroom).
- The box should be placed low enough to permit all students in the class to view its content. The lid should be removable. Teacher demonstrates how box can be looked into carefully.

Part I (morning)

- The teacher encourages all students to look into the box.

Part II (afternoon)

- The teacher labels the box "Super Me."
- The teacher asks the students what they saw when they looked into the box. The students are asked to give specifics (i.e., brown hair, freckles, glasses) not their names.
- Have students write a sentence or two on what makes them special. *Have students dictate a sentence or two.*

Students dictate a sentence about a skill, hobby, or personal character trait.

Closure

Students decide how they are the same and different from other people.

Family Involvement Activity

Ask students to share self portraits with family.

Optional Activity

Library Activity Sheet for more able students.

Teacher may select a book or series of books to read to students showing unique and special people.

Teacher writes a positive personality characteristic of each child on a card and shares with child before attaching it to self-portrait.

Adapted from material in *Here's Looking at You 2000*, Roberts, Fitmahan and Associates. Educational Service District 121, 1986.

Name: _____

Go to the library. Choose a book about a person. Read your book. What makes the person in the story unique and special? Make a report. Share it with your class.

NAME OF BOOK:

DRAW A PICTURE ABOUT
WHAT YOU LEARNED.

TWO THINGS I LEARNED THAT MAKE
THE PERSON IN THE STORY UNIQUE
AND SPECIAL.

1.

2.

Healthy Kids: Keeping Safe

GRADE 1

LESSON 7

Learner Outcome

Students are able to demonstrate effective use of decision-making skills, in risk-taking situations.

Vocabulary

Decision, unsafe, dare, safe, peer pressure, show-off

Materials

List of role-play situations.

Activity

- Begin the lesson by having students name some safe places to play (ideas generated may be playground, parks, school yard, back or front yard at home, friends home).
- Have them name some unsafe places to play (ideas generated may include in the street or road, in or around parked cars or motorcycles or trucks, in old or abandoned houses, around construction, etc.).

Use pictures and words to label "safe" and "unsafe" places and arrange on board in front of classroom for all students to see.

- Ask students to explain what a dare is (a challenge):
 - * Ask students to share a time when someone dared them to do something.
 - * Have them share what they did.*Share with a partner.*
- Ask students to share what showing off means:
 - * Can it be unsafe to show-off? (Yes, sometimes it can be unsafe.)
- Ask students, What can you do when someone dares you to do something unsafe? Write the following on the board or chart:
 - * refuse to do it
 - * suggest you do something else
 - * ask an adult for help or advice
 - * stop playing with the person who dares you
 - * *Simplify words and terms, such as "Say no!"*
- Ask for volunteers to role play or use for classroom discussion the following situations:
 - * A friend wants you to run across a busy street instead of going to the traffic lights to cross.
 - * A friend wants you to throw a rock at the neighbor's dog or cat.
 - * A friend wants you to trip someone who is walking down the hall.

- * A friend wants you to write something on the bathroom wall.
- * A friend wants you to ride your skate board in the road.

Use cooperative learning groups and monitor involvement of students who may need extra practice.

Discuss and/or dramatize alternative solutions to problems and situations.

- Ask students and discuss: How do you feel when someone dares you to do something? *Debrief how students felt during role plays and discuss steps in decision-making skills.*

Decision-Making

Students will decide on appropriate action to take when their friends encourage them to participate in safe/unsafe behaviors.

Closure

Review with students what they can do when someone tries to get them to do something unsafe. Teacher shows an unsafe activity, children draw the safe activity.

Family Involvement Activity

Family Involvement Activity Sheet on making responsible decisions.

Name: _____

Dear Parents: Your child is learning to make responsible decisions. Your child has learned that when someone dares them to do something unsafe, their choices are: (1) refuse to do it; (2) suggest something else be done; (3) ask an adult for help or advice; or (4) stop playing with the person who dares them. Read each of the situations with your child and discuss with your child the decision made in the practice.

RESPONSIBLE DECISION-MAKING

1. An older student dares you to get a cigarette.
 - a. What decisions do you have to make?
 - b. What decision is healthy?
 - c. What decision is safe?
 - d. What decision follows your parent's guidelines?
 - e. How would you answer the older student?
2. A friend dares you to stick your arm out of the school bus window while it is moving.
 - a. What decisions do you have to make?
 - b. What decision is safe?
 - c. What decision follows school guidelines?
 - d. What decision do you make?
3. A friend wants you to write something on the bathroom wall.
 - a. What decisions do you have to make?
 - b. What decision allows you to follow your parent's guidelines?
 - c. What decision follows school rules?
 - d. What decision do you make?

SECOND GRADE

Lesson 1

Lesson 2

Lesson 3

Lesson 4

Lesson 5

Lesson 6

Lesson 7

**GRADE LEVEL CONTENT MATRIX
SECOND GRADE**

LEARNER OUTCOME	LESSON							OHECS
	1	2	3	4	5	6	7	
1. Understand that some diseases are communicable and some are not.		I						CC SM
2. Understand that the spread of communicable disease can be prevented.	I	R		R				CC SM
3. Practice behaviors that reduce the spread of communicable disease within the context of daily activity; i.e., handwashing.	I	R						SM
4. Understand that AIDS is a communicable disease that is hard to catch.				I				CC
5. Decide about and demonstrate procedures for care of minor cuts and injuries.			I		I			DM
6. Illustrate responses for emergency situations at home, school and community * Blood spills			I					SM IC
7. Accept their unique qualities and have a positive regard for themselves and others.					I			SM
8. Recognize risk behaviors and methods for prevention						I		SM
* Peer Pressure						I	R	SM
* Unsafe objects								
* Refusal skills							I	

I = Introduce

R = Reinforce

Oregon Health Education Content Standards

CC = Concepts

AI = Accessing Information

SM = Self Management

INF = Analyzing Influences

IC = Interpersonal Communication

GS = Goal-Setting

DM = Decision-Making

AV = Advocacy

Healthy Kids: Keeping Safe

GRADE 2

LESSON 1

Learning Outcome

Students show respect for cleanliness by washing hands properly at the appropriate time.

Vocabulary

Germs, disease, virus, bacteria, prevention, communicable disease

Materials

Four-part story; soap-water-towels (handwashing demonstration), *finger puppets, optional*

Activity

- Ask volunteers in class to tell what they do each day to keep clean. (Answers might include taking a bath or shower, washing hands or hair, and brushing teeth.)
- Discuss how students think keeping clean helps a person stay healthy (let students suggest answers). - Relate illness to germs
- Perhaps someone has a cold. Encourage students to share their past experiences of illness with the class.
 - Tell them to describe how they felt.
 - Did they feel hot?
 - Did their throat hurt?
 - Did they have to see a doctor? If so, what did the doctor say was wrong?
- If there has been an outbreak of a communicable disease in your school or community, a discussion about this circumstance might serve as a good introduction to the Handwashing Program. Or, if you have had a health project underway, the handwashing unit can become a natural outgrowth of it.
- Read the story of Jasper Germ, Velma Virus, and Baxter Bacteria. The read-aloud story is divided into four parts. You may want to read it over a period of several days.
- Use the discussion starters at the end of each part to encourage students to think about messages being promoted in the story.
- Ask students to relate any experiences they have had that are similar to those of the fictional children. *Discuss before doing handwashing.*
- Have students practice proper handwashing techniques. *Do handwashing after finishing discussions.*

Additional Activities

Look at Grade 1, Lesson 3.

Follow-Up Activity

- Ask students to dictate a possible different ending to each part of the story. *Do in cooperative groups or optional.*
- Ask students to draw a picture of what they think germs might look like if they weren't invisible. Post these on the bulletin board. *Can omit this activity - not relevant for some children.*
- Make a class mural to which each student adds characters, creating a progressive story. Use a theme such as "When We Should Wash Our Hands." *Optional activity - poster or chart - cut pictures out of magazines.*
- Appoint "handwashing helpers" who will take responsibility as Carmen does in the story, for reminding partners to wash hands at crucial times. Make Captain Clean badges for "handwashing helpers" to wear in class.
- Ask each student to name a favorite activity at school or home. Which ones involve the possibility of germs getting on hands as a result of the activity? What should they do after the activity to keep germs from causing trouble?

Closure

Ask students to explain the role handwashing plays in helping to maintain health.

Family Involvement Activity

Have students demonstrate how they learned to wash their hands at school. (Proctor& Gamble Handwashing Program) "My Handwashing Diary" Parent Involvement Activity Sheet.

Reprinted with revisions from <i>Handwashing Education Program for First Grade</i> . The Procter and Gamble Company, 1987.
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TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 2

LESSON 1

“GERMS ARE EVERYWHERE”

(Four-part story)

PART I: The Germ Gang Goes to New York

There are good germs. And then there are trouble-making germs like Jasper Germ, Baxter Bacteria and Velma Virus who try to make people sick. Dirty and mean-looking, Jasper's germ gang went to New York City to look for a place to live.

"Jasper, are you sure this is a good place?" Baxter asked, throwing down his knapsack. "Of course! The city is full of people who don't wash their hands."

"Hurray!" cheered Velma with an evil gleam in her eyes. "Maybe someone who doesn't wash before meals."

"Exactly," said Jasper. "Or someone who doesn't wash after using the bathroom or playing with pets."

"I get it!" said Baxter. "Thousands of people don't wash after playing or before fixing a snack or eating."

"Right, gang!" said Jasper. "And when they don't wash, you know what that means."

"It means we have a chance to do our dirty work," Velma smiled wickedly. "We get on people's hands and try to sneak inside them when they rub their eyes or nose or put their fingers in their mouths."

"Nothing can stop us!" shouted Baxter, picking up his knapsack. "Let's go."

"Not so fast," said Jasper. "First I must tell you something very important." Jasper was serious. "You must always watch out for Captain Clean."

"Captain Clean? Who's he?" asked Baxter. Jasper began to shake. "Jasper, what's wrong?" asked Velma.

"Captain Clean is a mean, clean hand machine. And when he teams up with warm water, watch out!" Jasper was shaking more than ever.

"You mean soap and water can spoil all our fun?" asked Baxter.

Jasper nodded and shuddered. "Be careful, gang. When people wash their hands, germs like us can get sent down the drain."

Then Jasper germ tried to smile. "A germ's life is not easy. But be brave. Many people forget about Captain Clean."

"Then let's go!" said Baxter.

Discussion Starters:

1. The germ gang is not nice because ...
2. I think these are some places germs might live ...
3. I wash my hands when ...

PART II: Jasper Leads the Way

Like Jasper said, it didn't take long to find a new home. May Lin and Chris were playing jump rope outside their apartment building.

"What do you think?" asked Jasper.

"Looks good," said Baxter. "But how do we know that other germs aren't living here? Maybe they don't want company."

"Don't be silly," chuckled Jasper. "Thousands of germs can sit on a very small area of skin."

"In that case...". Baxter started toward May Lin. "Can't she see us?" asked Velma.

"Not at all," said Jasper. "We're so small we're invisible. She can see dirt but she can't see us."

With that, Jasper, Baxter and Velma floated onto May Lin's hand. "Comfortable," said Baxter.

"When does the party start?" asked Velma.

"Patience," said Jasper. He smiled wickedly. "Be patient."

Soon May Lin said to Chris, "I'm hungry. Let's have some cookies."

In the kitchen, Captain Clean was on the alert. He watched May Lin get milk from the refrigerator and Chris reach for the cookie jar.

Then Chris asked, "Should we wash our hands?"

When Jasper, Baxter and Velma heard these words, they froze. Would Captain Clean stop their fun before it even started?

May Lin looked at her hands. "No, they aren't dirty."

At that the germs laughed so hard they rolled all over May Lin's hand. "Watch me," said Jasper, still laughing. "I'll show you how it's done."

But Captain Clean knew what was about to happen. When May Lin reached into the cookie jar, Captain Clean sitting on the sink shouted, "No! Wait! Stop! Think!" But before he could even blink, May Lin swallowed the cookie and Jasper quick as a wink.

The next day May Lin had a stomachache.

Discussion Starters:

1. My hands are dirty when ...
2. This is why I think May Lin got sick ...
3. After playing, May Lin should have ...

PART III: Velma Moves In

"Jasper's having fun," said Velma.

"Now it's our turn," said Baxter, rubbing his filthy hands together eagerly. "Let's go."

So Baxter and Velma started on their journey. They traveled through the city on buses, trains and a ferry. They sat on a woman's coat, a construction worker's hat, and even a dog's tail. But no place seemed like home.

"Are we doing everything right?" asked Velma. "I want to make someone sick."

"Don't get discouraged," cheered Baxter in his nasty way. "Remember, Jasper said to be patient."

"Right," said Velma, an ugly gleam in her eyes. "I've got a good chance. Lots of people don't wash their hands."

Soon afterward Baxter Bacteria and Velma Virus found themselves on the hands of a truck driver and they were speeding out of the city.

Baxter was concerned. "Jasper said the city was such a good place to live."

"Don't worry," snapped Velma. "You're such an impatient germ! We can live anywhere!"

After a long ride the germs reached a suburb of Kansas City, where the driver lived with his wife and son John.

When the truck driver got home John was in the garden.

"Hooray!" shouted Velma, seeing John. "Virus heaven. I can make this boy sick in a minute."

"Wonderfully filthy hands," said Baxter.

The germs made themselves at home in the dirt on John's hands. Soon John stopped playing and went inside.

Before Baxter and Velma knew what was happening, John was standing in front of the bathroom sink.

"No!" gasped the germs together. "Not Captain Clean!"
Sure enough, the mean, clean hand machine sat on the sink looking tough - the scariest thing the germs had ever seen.

John turned on the water and Baxter shouted, "Hang on, Velma!" John ran his hands under the water and rubbed them a little bit.

When he shut off the water, Baxter and Velma were soggy, but because they were nestled firmly in the dirt, they were still sitting on John's hands.

Captain Clean knew what was happening. When John reached for the towel, Captain Clean, sitting on the sink, shouted, "No! Wait! Stop! Think!" But before he could even blink, John grabbed the towel as quick as a wink.

"We've won!" shouted Baxter.

"He's all mine!" laughed Velma.

Later that week John started sniffing. His mother said he had a cold.

Discussion Starters:

I don't think washing with water alone helped John because ...

Captain Clean couldn't help John because ...

This is what I think John could have done to stay well ...

PART IV: Baxter Looses Out

Baxter Bacteria was all alone now and he was just itching to make someone sick. Since he had heard Texas was a great place to live, he hopped on a breeze and headed south.

Just as he drifted from Oklahoma into Texas, Baxter spotted a welcome sight. There was a small town and on one side of it, the best place in the world to live - a school!

"Jasper would be so proud," said the nasty bacteria. "Schools are a perfect place to make someone sick."

With that, Baxter zoomed down to the school and into the first grade class.

There were so many children that Baxter couldn't decide who he wanted to live on the most. Then he saw Carmen.

"Comfy," said Baxter as he sat on Carmen's hand. "Looks like I'm in luck. It's lunch time." Carmen picked up her lunch box and set it on her desk. "Goody, goody," cheered Baxter wickedly.

But before Carmen snapped open her box, someone called to her. That was the mean, clean hand machine.

Captain Clean, sitting on the sink, shouted, "No! Wait! Stop! Think!"

And before Baxter Bacteria could even blink, Carmen jumped up from her seat as quick as a wink. She even said to her friends, Timothy and Ellie, "Come on, let's wash our hands."

Baxter was frightened. He clung to Carmen's skin.

At the sink Carmen turned on the water and splashed it on her hands. Baxter got drenched. He could see Captain Clean sitting on the sink and he shuddered. Maybe he would only get wet.

But Carmen had other ideas. She reached for Captain Clean and squirted a powerful stream of soap into the hand.

"No!" screamed Baxter "No! "Yes!" thundered Captain Clean.

Carmen rubbed her hands until they were bubbly. Baxter choked and gasped. When Carmen rinsed off the soap, Baxter slid off her hands and down the drain.

The next day the first graders had a class picnic in a nearby park. Carmen and all her classmates who were well and healthy had lots of fun playing outside.

Discussion Starters:

I should wash my hands when...

Captain Clean can help me if...

This is how I can help my friends remember to wash their hands...

FAMILY INVOLVEMENT ACTIVITY**GRADE 2
LESSON 1**

Name: _____

Dear Parents: Your child has been studying the importance handwashing plays in preventing the spread of germs. Please help your child follow the practice they learned at school.

Behavior	Mon	Tue	Wed	Thu	Fri	Sat	Sun
I wash my hands before I eat							
I wash my hands after going to the bathroom							
I wash my hands after I sneeze or cough							
I use warm soapy water							
Other							

How did you do? How could you do better next week?

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 2

LESSON 1

The overall goal of the Liquid Ivory Handwashing Education Program is to motivate proper handwashing practices among students in ways that carry over into the home. In planning classroom activities that will accomplish this goal, consider the health status of children in your classroom and whether any students have relevant health problems such as colds or flu. This information can be useful in establishing specific behavioral objectives and deciding the order of covering the various topics. You will probably discover some of this information from discussions in class. School and community health professionals may also have insights to share with you.

Keep in mind the natural curiosity of children at this age. They want to know the why and how of everything - especially about their own bodies. Ask students what they think caused the illnesses they have described. Do they think the illnesses could have been avoided? Help them understand that most people will be sick sometimes. But there are things people can do that may prevent them from "catching" germs that can cause illness. Handwashing is one of those things you will be exploring together in class.

"Germs Are Everywhere" tells the story of Jasper Germ, Velma Virus, and Baxter Bacteria, a gang of trouble-making germs intent on making people sick. Their adversary is Captain Clean, the mean, clean hand machine who is feared by the germs because they know he can keep them from accomplishing their objective. The story culminates in a first-grade classroom where students grasp the importance of washing hands with soap and warm water to prevent the spread of germs.

The story is designed to help children understand: (1) where germs are found; (2) how disease germs can be spread, especially by hands; (3) how failure to wash hands or cursory washing without soap can leave germs on hands which can enter the body and may cause infection; (4) how thorough handwashing with soap and warm running water helps rinse disease germs from hands.

Reading the Story in Class. The read-aloud story is divided into four parts. You may want to read it over a period of several days. Use the discussion starters at the end of each part to encourage students to think about the messages being promoted in the story. Ask students to relate any experiences they have had that are similar to those of the fictional children.

Behavioral Objectives. You will choose particular behavioral objectives to meet the specific needs of your class. The materials in this program were developed to provide flexibility in use and a multidisciplinary approach so that they can be effectively positioned within your overall curriculum. The following objectives are believed attainable through the use of aids provided and activities suggested.

1. Following the use of the read-aloud story and classroom exploration of germs, students show they understand that:
 - * They can't see germs except with the aid of a microscope.
 - * Germs can live on both people and various objects in the environment. Some types of germs serve useful purposes while others can cause disease. Bacteria and viruses are two common types of germs that can sometimes cause diseases such as colds and flu.
2. Through classroom discussion of health and infection, students can explain:
 - * The various ways germs can spread infection from one person to another.
 - * How germs are most likely to enter the body; especially the importance of hands as carriers of germs.
3. Through classroom discussion and practice in washing hands, students demonstrate the ability to:
 - * Wash hands thoroughly, cleansing all surfaces.
 - * Explain how handwashing with soap and water can help to wash away many germs, including germs that can cause sickness; why washing with water alone is not as effective as washing with soap.
 - * Explain the role handwashing plays in helping maintain health.
 - * Develop the habit of washing hands before or after specific situations such as playing, eating, or going to the bathroom.
4. Through classroom discussion, students give evidence that:
 - * They have shared handwashing information at home and are trying to follow the practices learned at school.
 - * They recognize other aspects of personal hygiene - related to care of skin, hair, nails, and teeth.

Healthy Kids: Keeping Safe

GRADE 2

LESSON 2

Learner Outcome

Students are able to explain one personal health habit that can protect the health of self and others.

Vocabulary

Health, habit, protection, organism

Materials

Facial tissue, paper towels, several sample size soap bars, glue, lots of crayons, copies of faces and hands, scissors, butcher paper

Activity

- Review with the students that germs are living organisms that are too tiny to see without a microscope and when they get inside our bodies they can make us sick.
- Have students identify different ways germs get inside our bodies. Emphasize the importance of hands and mouths as carriers of germs. *List ideas given. Pictures can be used also.*
- Give the example of having a cold. We have those cold germs in us and when we sneeze or cough we are spreading them around.
- Ask the students what we could do to keep from spreading germs from a cold (e.g., use facial tissue, don't touch other people's used facial tissue, cover the mouth when coughing, cover the nose and mouth when sneezing, wash hands frequently, don't share food, don't share utensils). *List ideas from discussion on board, butcher paper.*
- Review with students the importance of washing hands to control the spread of germs. - Use soap and warm running water.
 - * Rub hands vigorously.
 - * Wash all surfaces, including: backs of hands and wrists. - Rinse well.
 - * Dry hands with paper towel.
 - * Turn off water.
- Ask students to identify other good health habits (i.e., eating right; exercising; brushing teeth; keeping skin, hair and nails clean). *List ideas given and/or have pictures available (especially for nonreaders).*

Make a bulletin board or mural of good health practices.

- Each child will contribute something to the mural/bulletin board of good health practices.
 - * Have individual children (or partners) volunteer to illustrate each good health habit and preventative health habit for the mural.

Spread out the butcher paper on the floor and let the children draw pictures of people eating right; exercising; washing hands; brushing teeth; keeping skin, hair, and nails clean; taking baths; covering the mouth and nose while sneezing or coughing. Copies of hands and faces can be used as part of the mural (i.e., hands covering a mouth while sneezing). *Have pictures from magazines available for students who cannot draw or color well.* Teacher or children can draw likeness of a sink and the children can cut out more hands and glue the bars of soap into some and position paper towels in the others. Each child will explain his/her contribution to the mural and how it is a good health habit; protecting the health of self and others.

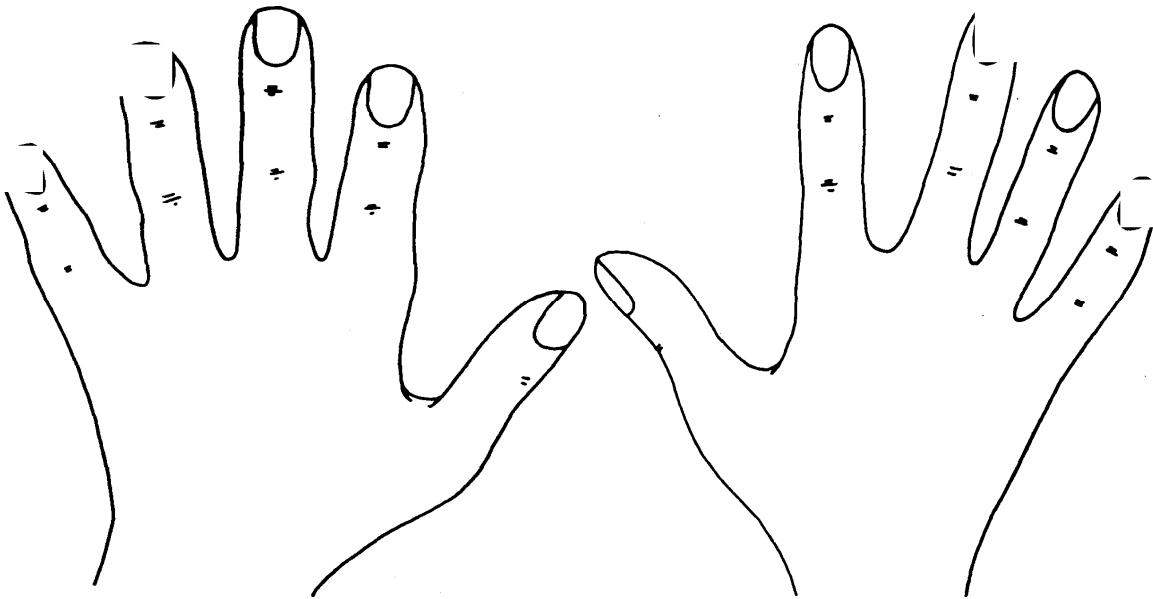
Closure

Each child will explain his/her contribution to the mural and how it is a good health habit.

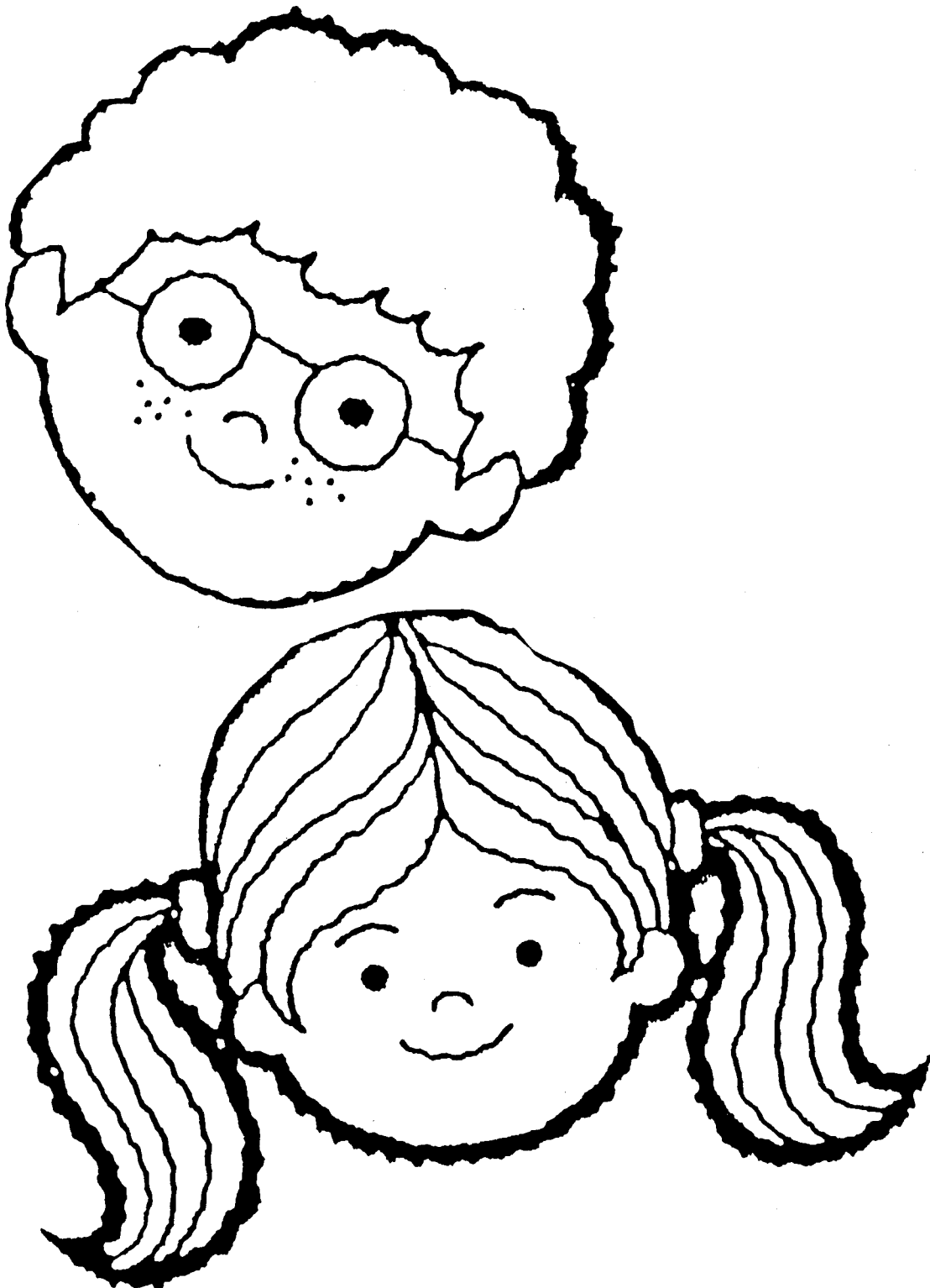
Family Involvement Activity

Give the children a word search to do. They will be looking for vocabulary related to this lesson. This can be sent home as homework or used as an optional activity for those students who finish sooner than others. *Not for certain children because it maybe too difficult and/or frustrating.*

Cut out and include in the mural.



Cut out and include in the mural.



FAMILY INVOLVEMENT ACTIVITY**GRADE 2
LESSON 2**

Name: _____

Dear Parents: Your child has been studying how our personal health habits can affect the health of others. By practicing good health habits, we can protect our own health and the health of others. Help your child find the vocabulary words hidden in the Word Find.

There are 13 words or phrases here. Can you find them? The words go across, down, or diagonally. Some words cross each other.

Healthy
Germ
Soap
Facial tissue
Disease

Washing
Communicable
Prevention
Organism

Coughing
Tiny
Carrier
Habit

HEALTH HABIT WORD FIND

N	Z	K	N	V	X	Q	P	U	F	N	N	E	R	U	R	T	T	F
S	Y	G	G	W	V	S	D	M	O	U	K	O	M	E	X	N	E	D
T	J	U	M	J	E	K	L	I	N	A	L	H	R	W	C	E	R	H
L	C	B	P	R	X	V	T	G	U	J	W	Y	U	G	O	I	E	F
C	E	K	C	E	O	N	B	V	D	B	F	B	P	R	P	L	R	N
S	E	R	P	H	E	Y	W	U	E	W	D	K	M	I	B	H	S	J
V	E	N	G	V	V	R	R	Z	P	J	H	H	E	A	L	T	H	Y
Z	R	C	E	U	E	G	R	G	R	P	V	N	C	I	S	Q	J	B
G	E	R	M	I	Q	Y	F	V	V	F	S	I	C	M	L	Z	H	S
O	P	O	R	A	Q	N	I	P	Y	G	N	Z	B	Q	X	H	X	V
Z	H	R	C	F	D	Z	A	N	N	U	S	A	M	O	I	S	Q	P
K	A	G	O	V	I	O	D	I	M	G	S	T	L	I	J	Z	H	H
C	B	A	U	T	S	F	H	M	Z	X	Y	P	W	T	L	S	M	E
N	I	N	G	A	E	S	O	E	E	D	Y	I	V	M	C	K	V	V
L	T	I	H	F	A	C	I	A	L	T	I	S	S	U	E	J	M	V
L	D	S	I	W	S	L	T	Z	F	N	W	A	Z	O	R	G	E	S
R	X	M	N	T	E	B	D	I	I	E	B	R	O	T	A	Y	Y	E
G	L	A	G	I	N	I	Q	T	O	T	D	A	V	T	X	P	T	U
E	X	P	E	Q	R	R	D	K	V	N	G	H	M	W	J	G	P	X

Teacher's Key
Answer Key for Health Habit Word Find

HEALTH HABIT WORD FIND

										N									
									O										
								I											
							T										E		
						N										L			
					E										B				
				V		R							H	E	A	L	T	H	Y
			E		E								C						
G	E	R	M	I								I							
	P	O	R					P		G	N								
	H	R	C		D		A		N	U									
	A	G	O		I	O		I	M										
C	B	A	U	T	S		H	M											
	I	N	G		E	S	O												
	T	I	H	F	A	C	I	A	L	T	I	S	S	U	E				
		S	I	W	S		T												
		M	N		E			I											
			G						O										
										N									

Healthy Kids: Keeping Safe

GRADE 2

LESSON 3

Learner Outcome

The learner demonstrates the ability to comprehend ways in which the AIDS virus can and can not be spread.

Vocabulary

Virus, AIDS, needle/syringe

Materials

Activity sheet: "The AIDS Germ is Not Spread By", plastic needle/syringe

Activity

- Introduce the lesson by reviewing basic information about germs and how germs are spread. *Include handwashing, sneezing, coughing. List diseases spread by sneezing, coughing, dirty hands, etc. (i.e., colds, flu, measles, chicken pox, etc), easily-spread diseases.*
- Tell students that today we are going to learn about a specific virus/germ that causes AIDS. *Specifically state that AIDS is hard to spread. It is not caught in the same way as diseases that are spread by germs.*
- Teacher asks the question, "I wonder what kinds of things you have heard about AIDS."
- Respond to questions and concerns raised by students. Questions might include:
 - * How do people get AIDS?
 - * What is a germ?
 - * What are IV intravenous drugs? What is sharing needles?
 - * Can my dog get AIDS?
 - * Is it safe to be around (play with) someone with AIDS? Does AIDS hurt?
 - * Do bad people get AIDS?
- Emphasize that people are not at risk through casual contact (shaking hands, kissing, hugging, etc.).
- Explain that AIDS is not passed like colds or chicken pox. You can't get it from a cup.
 - * You can't get it from a cough.
 - * You can't get it from just touching someone.
- Reassure students that they are not likely to become infected with HIV through most daily or casual contact with other children or adults. The only behaviors that put a child at risk involve either close physical contact with parts of the body of an infected person which would usually be covered by a swimsuit or using drugs or needles outside of a medical setting. *Also can be spread through contact with blood.*

- *Make a list of how AIDS is spread; also use pictures.*
- Share that doctors and scientists all over the world are working very hard to find away to stop people from getting AIDS and to help people who have it.

Closure

Conduct a class review on how AIDS is and is not spread. *Demonstrate or role play ways AIDS is not spread; i.e., hugging.*

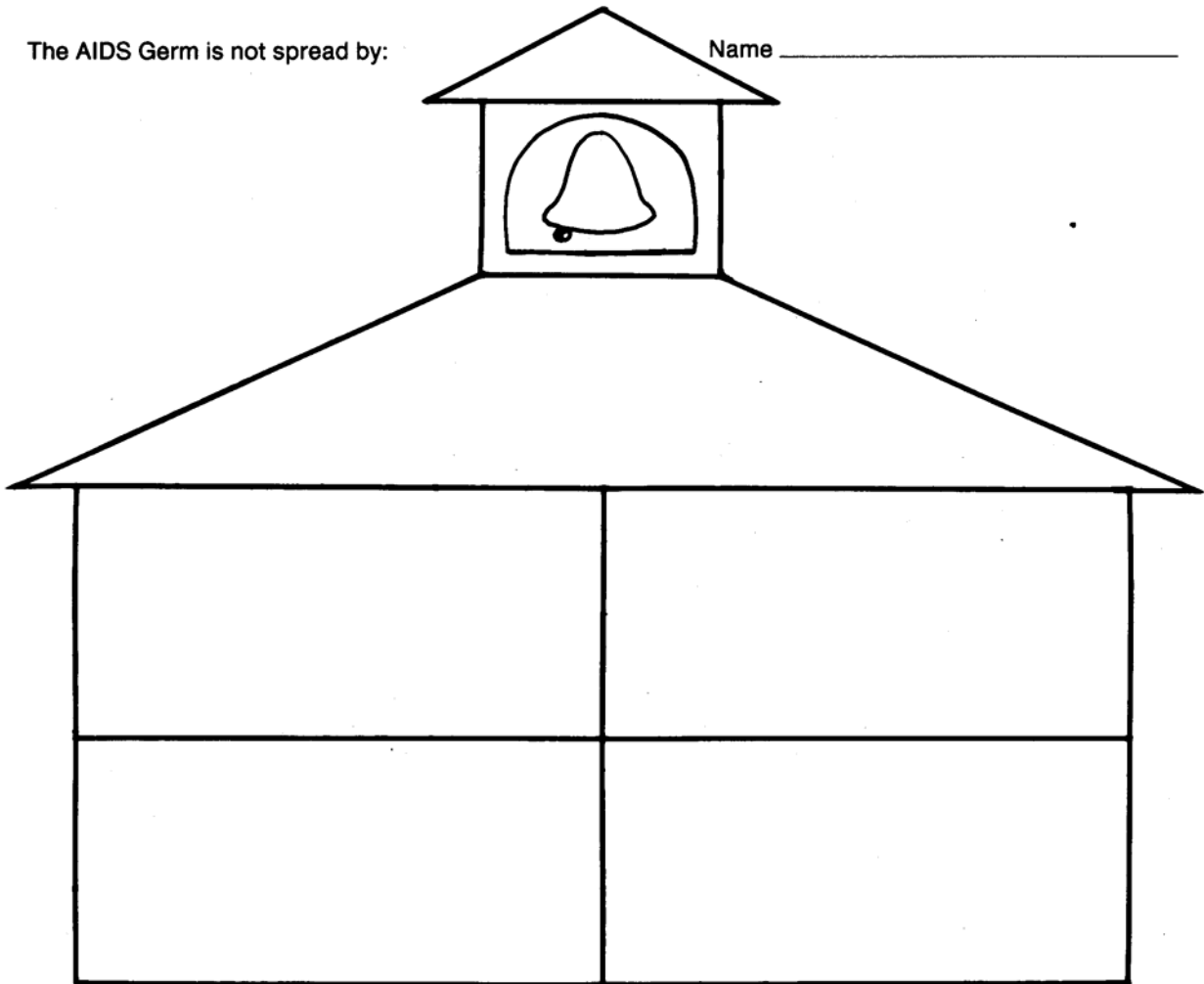
Have students complete the "AIDS Germ is Not Spread By" activity sheet. Students will circle the pictures of activities that do not spread the AIDS virus. Students can work with partners and discuss their selections.

Family Involvement Activity

Have students take the student activity sheet home to sign and return or have students take a blank sheet home for parents to do.

The AIDS Germ is not spread by:

Name _____



TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 2

LESSON 3

HOW HIV IS SPREAD

HIV is found in blood, semen, breast milk, and vaginal/cervical secretions of infected persons. Consequently, contact with one of these fluids can result in becoming infected with HIV. The most common way that HIV is transmitted is by sexual contact. The second most common way that HIV is transmitted is by the sharing of injection drug needles that have become contaminated with blood of a drug user who is infected. A third way that HIV can be transmitted is through the blood of an infected mother to her unborn child or through breast feeding. In the past, some people who received blood transfusions developed AIDS because the person who donated the blood was infected with HIV. Since 1985, all blood donated in this country has been tested for HIV infection. Blood that is found to be infected is discarded and is not used.

HOW HIV IS NOT SPREAD

HIV is spread from one person to another only by sexual or blood contact. HIV has not been spread by other types of contact that are more casual in nature. Scientists have studied whether persons who have lived in the same house as someone with AIDS are also at risk for getting AIDS. These persons have shared meals, bathrooms, and have hugged and kissed AIDS patients. In spite of this direct contact (often for many years), these household contacts have not become infected with HIV. If HIV is not spread within households, then it is not spread in other settings in which there is less direct contact, such as schools or businesses.

There is no evidence that mosquitoes or other biting insects can spread HIV infection. There has been no evidence of transmission through tears and saliva. HIV is easily destroyed by heat, disinfectants, and drying. Sitting by a person with AIDS, holding hands, or using a telephone or public restroom does not put you at risk for AIDS.

THE TWO RISK BEHAVIORS THAT TRANSMIT HIV AND THEIR CONSEQUENCES

It is critical for students to understand that the spread of HIV results from behaviors that individuals control. Individuals may avoid exposure to HIV by avoiding the behaviors that present a risk. Information should be clearly and sensitively presented.

High risk behaviors for HIV infection are those that involve the exchange of blood or sexual fluids.

Drug Use

Drug use poses unacceptable RISKS to one's health and quality of life. CONSEQUENCES of drug use include overdosing, infections of the skin and heart, and criminal activity to support the habit. Sharing needles either for drug use or other purposes has an additional RISK. If needles are shared, the CONSEQUENCES can also include hepatitis B/C and HIV infection.

Sexual Contact

Sexual contact is the main method of transmission for HIV. As the number of partners increases, RISK increases. The CONSEQUENCES of having sex with multiple partners can include AIDS, other sexually transmitted diseases, and unwanted pregnancies. Remember that it is not always possible to determine if someone is infected with HIV.

WHY PEOPLE ENGAGE IN THESE HIGH RISK BEHAVIORS

Ideas for this could include:

1. The person doesn't understand that the behavior is high risk.
2. The person knows that the behavior is high risk, but believes that risk only applies to other people.
3. The person doesn't care about the risk because he/she has little sense of self-worth.
4. The person is taking so many other kinds of risks that this risk seems small. For example, the drug user is taking risks of overdose, addiction, and other kinds of infections. The risk of AIDS may seem small in comparison.
5. The person is afraid to refuse involvement because others may think he/she is chicken or prudish.
6. The person is more interested in doing what they want to do now rather than in worrying about long-term health consequences.
7. Established behaviors are difficult to change.

PREVENTIVE MEASURES TO BLOOD CONTACT

Infected blood that carries HIV may be injected into an uninfected person by the sharing of needles, razors, tattoo instruments, or anything else that can puncture skin. Making responsible decisions and saying no to drugs is the best way to prevent getting HIV infected by blood exposure. Some injection drug users are learning how to clean and sterilize their needles to prevent AIDS, but this has to be done properly and consistently to be effective. Similarly, razors, tattoo instruments, and ear-piercing instruments should not be shared unless they are sterilized between use.

There is no risk in donating blood since all equipment is already sterile and is used only once.

Healthy Kids: Keeping Safe

GRADE 2

LESSON 4

Learner Outcome

Students are able to demonstrate appropriate responses to emergency situations involving blood.

Vocabulary

Emergency, neighborhood, injury, trusted adult, stranger

Materials

List of role-play situations. Tissue, gauze, first aid kit with gloves

Activity

- Ask students to tell you what they think an emergency is (answers will vary). *Define emergencies child can take care of by self, need adult for and/or hospital, 911 emergencies.*
- Have students list at least one person they could get help from in each of the following places: at school, at home, in their neighborhood. *Dictate to a partner if student can't write on own.*
- Ask the class if anyone can explain what to do if you have a small cut or bloody nose.
- Explain and demonstrate procedure for caring for your own small cuts and bloody noses. *Have students practice procedures on their own body.*

Cuts

- * tell a trusted adult (teacher, nurse, secretary, principal, counselor, custodian, etc., *and/ or older child if adult is not available*)
- * clean the cut with soap and water
- * dry the cut
- * put a bandage on it

Bloody Nose

- * apply direct pressure by pressing toward the middle of the nose
 - * use tissue to catch blood spills
 - * dispose of bloody tissue
 - * tell a trusted adult (*someone older or bigger*)
- Make sure students know who at school could help them with minor injuries like cuts and scrapes and bloody noses.
 - Have students role play some of the following situations that would require emergency assistance.
 - * Little brother/sister cuts their hand while playing outside. - You have a bloody nose.

- * Your classmate has a bloody nose.
 - * You become very sick in class.
 - * You have a loose tooth.
- Make sure students understand other people can carry germs in their blood and they should *avoid contact*. Also include other bodily fluids like vomit, spit, urine, etc. Explain this is why nurses, teachers, etc. use gloves.

Closure

Ask students the following questions:

- Who should you tell if you get hurt? (Always tell a trusted adult *and/or older, larger child*.)
- How can you care for a small cut? (Clean the cut with soap and water and bandage it.)
- Who can you go to in an emergency?

Family Involvement Activity

Students share with family what they learned in class today.

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 2

LESSON 4

PRECAUTIONS FOR GIVING FIRST AID

When giving first aid to someone with a bleeding injury, steps should be taken to avoid direct contact with blood. These precautions apply to giving first aid to anyone, not just persons who are known to have an infection. Younger students should seek help from an adult before giving first aid.

The precautions include:

1. Persons giving first aid should use a first aid kit that includes a pair of plastic or rubber gloves.
2. Persons giving first aid should put on the gloves before having contact with blood, unless harm would come to the injured person because of a delay in putting on the gloves.
3. After giving first aid, all disposable items contaminated with blood should be placed in a plastic bag, which is tied shut and put in a wastebasket or trash can. Remove soiled gloves without touching the contaminated surface with bare hands.
4. Any clothes contaminated with blood should be laundered or dry-cleaned.
5. Any blood spilled on the floor, desks or other surfaces should be cleaned up with soap and water. Then the surfaces should be disinfected and allowed to air dry. Household bleach may be used (household bleach may damage surfaces being cleaned). (Refer to U.S. Department of Labor, Bloodborne Pathogens, 1910.1030.)

Bloody Nose

1. Place student in a sitting position with head forward.
2. Encourage student to apply pressure by pressing the bleeding nostril toward the middle of the nose.
3. If student is unable to help him/herself and needs assistance, caregiver should apply gloves before coming into skin contact with blood.
4. When nose bleed stops, wash gloved hands to remove gross amounts of blood.
5. Clean up student, washing all blood off the skin with soap and water.
6. See #5 under "General First Aid Assistance" (above).
7. Clean up minor blood spills on environmental surfaces. For major blood spills, contact school custodian.
8. Remove gloves, discard.
9. Wash hands with soap and water.

Student Assisting Student

If one student assists another student who is bleeding and comes into contact with that student's blood, the helping student should immediately wash his/her soiled skin with soap and running water. If the helping student has blood from another student on his/her clothing, it is recommended that every attempt be made to obtain clean clothing for this student.

Students should be encouraged to show care and concern for others, but cautioned against coming into contact with body fluids of an injured person.

Healthy Kids: Keeping Safe

GRADE 2

LESSON 5

Learner Outcome

Students develop an awareness of their own uniqueness and the uniqueness of others, as well as accepting differences.

Vocabulary

Unique, special, different, characteristics, qualities, acceptance

Materials

- 4 x 4 squares of white paper
- bulletin board
- crayons or markers
- "I Am Unique" Activity Sheet
- Transparency - I Am Unique Activity Sheet (Optional)

Activity

- The class will create a "class quilt" using paper quilt squares that are unique and different. The class will complete "I Am Unique" activity sheets that point out unique and special characteristics.
- Introduce the lesson by writing the words "unique, special and different" on the board.
- Distribute squares of white paper to students. Tell students not to write their names on the papers. Direct students to design or color the squares in a special way so that they can recognize them after they have been mixed with the others.
- After students are finished, collect the squares and mix them together. Call six students to find their own squares in the pile. *Students who may have difficulty could go last.*
- Ask students:
 - * How did you recognize your square?
 - * What made yours unique, special and different?
- Mount all squares on a bulletin board to make a unique and special class quilt.
- Discuss with students that people are unique, special and different, too.
 - * Ask students:
What can be seen about people, even strangers, that make them unique or different (hair, eyes, skin color, size, the way they walk, etc.)?
What are some things that cannot be seen about people that make them unique, special and different (their likes, dislikes, feelings, illnesses, allergies)? *Include talents, skills, unique knowledge, etc.*

- * Point out that all areas, both inside and out, contribute to our uniqueness and its okay to be unique. *List ideas shared by students on board, paper or overhead.*
- Explain that to appreciate ourselves and others as special, unique and different people, they will be developing an "I Am Unique" activity sheet.
- Model filling in the "I Am Unique" activity (using an overhead transparency or the blackboard) by filling in blanks with teachers characteristics. *Students may need to work with a partner or be given a shorter number of items to do.*
- Collect activity sheets and read them without revealing student's name. Have students try to identify the individuals just by listening to their unique characteristics. (You may also consider giving students the option of not having their sheet read.)
- After a few activity sheets have been read, review: - What are some of the qualities that make us unique, special and different? - What would our world be like if we were all the same?

Closure

Have students state things that make him/her unique. Remind students that we all are unique and special. It's okay to be different. We don't need to be like everyone else. Our uniqueness is a special gift that makes our world a more interesting place.

Family Involvement Activity

Use the "I Am Unique" activity sheet as family involvement and have family member(s) fill it out. Students can then identify that they can be different from brothers and sisters, etc. and be okay.

Look for library books on topic.

I AM UNIQUE**Name:**

Birthplace:

Color of eyes:

Color of hair:

Favorite food:

Favorite subject in school:

Favorite TV show:

Favorite animal:

Favorite time of day:

Favorite game:

Favorite season:

Favorite color:

Something that makes me happy:

Healthy Kids: Keeping Safe

GRADE 2

LESSON 6

Learner Outcome

Students are able to demonstrate the ability to distinguish between risk and no risk behaviors.

Vocabulary

Risk, no risk, consequences, decision

Materials

"Risk, No-Risk Student Worksheet"

Activity

- Write the word risk on the board and ask students to tell you the meaning. *Include risks to health. List student ideas.*
- *Tell students they need to identify risk/no risk behavior because harm can come to them (danger factors).*
- Divide the class into groups of two and have each group decide whether activities on the worksheet are risky or not risky.
- Go over answers as a class. Discuss the consequences of each risky behavior.

Review decision making choices on Family Involvement Activity Worksheet. Make a classroom chart of responsible decision making using student (simpler) language, and post it in the room.

Have students share one risk and one no-risk situation.

Family Involvement Activity

Family Involvement Activity sheet on "Responsible Decision-Making." *Review in class before sending home.*

Healthy Kids: Keeping Safe

GRADE 2

LESSON 6

RISK, NO-RISK STUDENT WORKSHEET

Name: _____

Directions: Read the list of behaviors below. Decide if they are a risk to your health by marking an "X" in one of the columns below.

	Risk	No Risk
1. Riding a bike at night.		
2. Getting eight hours of sleep.		
3. Swimming alone.		
4. Eating only "junk food."		
5. Getting in a car with strangers.		
6. Sharing a toothbrush with a friend.		
7. Wearing a seat belt.		
8. Helping a friend that has a bloody nose.		
9. Washing hands before meals.		
10.		

TEACHER'S KEY
Healthy Kids: Keeping Safe
GRADE 2

LESSON 6

RISK, NO-RISK STUDENT WORKSHEET

Name: _____

Directions: Read the list of behaviors below. Decide if they are a risk to your health by marking an "X" in one of the columns below.

	Risk	No Risk
1. Riding a bike at night.	X	
2. Getting eight hours of sleep.		X
3. Swimming alone.	X	
4. Eating only "junk food."	X	
5. Getting in a car with strangers.	X	
6. Sharing a toothbrush with a friend.	X	
7. Wearing a seat belt.		X
8.* Helping a friend that has a bloody nose.	X	
9. Washing hands before meals.		X
10.		

* Be sure all students recognize that contact with another person's blood is a risky behavior.

Name: _____

Dear Parents: Your child is learning to make responsible decisions. Your child has learned that when someone dares them to do something unsafe, the choices are: (1) refuse to do it; (2) suggest something else; (3) ask an adult for help or advice; or (4) stop playing with the person who dares them. Read each of the situations with your child and discuss with your child the decision made in the practice.

RESPONSIBLE DECISION-MAKING

1. An older student dares you to take a puff on a cigarette.
 - a. What decisions do you have to make?
 - b. What decision is healthy?
 - c. What decision is safe?
 - d. What decision follows your parent's guidelines?
 - e. How would you answer the older student?
2. A friend dares you to stick your arm out of the school bus window while it is moving.
 - a. What decisions do you have to make?
 - b. What decision is safe?
 - c. What decision follows school guidelines?
 - d. What decision do you make?
3. A stranger offers to give you a ride home from school.
 - a. What decisions do you have to make?
 - b. What decision is safe?
 - c. What decision follows your parent's guidelines?
 - d. What decision do you make?

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 2

LESSON 6

These two lessons explore the importance of making healthy decisions and preventing risks. These are two key components in the prevention of many diseases including AIDS. Students will learn to identify risks and consequences in order to develop strategies for prevention. Responsible decision-making methods are presented as a foundation for the prevention of many risks and consequences students will be confronted with now and in the future. The concepts of risks, consequences and prevention are an important theme to reinforce throughout the entire unit.

Responsible Decision-Making

Listed below are the five steps of responsible decision making. Present the information using vocabulary and phrases appropriate to the level and understanding of your students.

Identify the problem or situation.

Identify ways to deal with the problem.

Apply criteria for responsible decision making to each alternative:

- * Would the results of my decision be healthful? Would the results of my decision be safe?
- * Would the results of my decision be legal?
- * Would the results of my decision show respect for myself and others?
- * Would the results of my decision follow my parent's or guardian's guidelines?

Make a responsible decision and act upon it.

Evaluate your actions.

Healthy Kids: Keeping Safe

GRADE 2

LESSON 7

Learner Outcome

Students are able to demonstrate effective use of decision-making skills when faced with unsafe situations.

Vocabulary

Decision, unsafe, dare, choice, judgment

Materials

List of role-play situations. Paper, marking pens

Activity

- Begin the lesson by having students name some safe places to play (ideas generated may be playground, parks, school yard, back or front yard at home, friends home). *Use pictures to show safe places.*
- Have them name some unsafe places to play (ideas generated may include in the street or road, in or around parked cars or motorcycles or trucks, in old or abandoned houses, around construction, etc.). *Uses pictures to show unsafe places.*
- Ask students to explain what a dare is (a challenge):
 - * Ask students to share a time when someone dared them to do something.
 - * Have them share what they did.*Share with a partner.*
- Ask students to share what showing off means:
Can it be unsafe to show-off? (Yes, sometimes it can be unsafe.)
- Ask students, What can you do when someone dares you to do something unsafe? Some responses may be:
 - refuse to do it
 - suggest you do something else
 - walk away if necessary
 - ask an adult for help or advice
 - stop playing with the person who dares you*Write these responses on the board. Use simpler/student language; i.e., Say "No!"*
- Ask for volunteers to role play the following situations:
 - A friend wants you to run across a busy street instead of going to the traffic lights to cross.
 - A friend wants you to throw a rock at the neighbor's dog or cat.
 - A friend wants you to trip someone who is walking down the hall.
 - A friend wants you to write something on the bathroom wall.
 - A friend wants you to ride your skate board in the road.*Discuss and/or dramatize alternative solutions to problems and situations. Use cooperative learning groups-- monitor kids who need more/specific practice.*

- Ask students and discuss: How do I feel when someone dares me to do something

Debrief how students felt during role playing. Discuss steps in decision-making skills.

Decision-Making

Students decide on appropriate action to take when their friends encourage them to participate in unsafe behaviors.

Closure

Review with students what they can do when someone tries to get them to do something unsafe. Have students draw (1/2 page) safe activity and (1/2 page) unsafe activity.

Family Involvement Activity

Family Involvement Activity Sheet on making responsible decisions (see Lesson 3).

THIRD GRADE

Lesson 1

Lesson 2

Lesson 3

Lesson 4

Lesson 5

Lesson 6

Lesson 7

GRADE LEVEL CONTENT MATRIX

THIRD GRADE

LEARNER OUTCOME	LESSON							OHECS
	1	2	3	4	5	6	7	
9. Understand that some diseases are communicable and some are not.		I						CC SM
10. Understand that the spread of communicable disease can be prevented.	I	R		R				CC SM
11. Practice behaviors that reduce the spread of communicable disease within the context of daily activity; i.e., handwashing.	I	R						SM
12. Understand that AIDS is a communicable disease that is hard to catch.				I				CC
13. Decide about and demonstrate procedures for care of minor cuts and injuries.			I		I			DM
14. Illustrate responses for emergency situations at home, school and community * Blood spills			I					SM IC
15. Accept their unique qualities and have a positive regard for themselves and others.					I			SM
16. Recognize risk behaviors and methods for prevention						I		SM
* Peer Pressure						I	R	SM
* Unsafe objects								
* Refusal skills							I	

I = Introduce

R = Reinforce

Oregon Health Education Content Standards

CC = Concepts

AI = Accessing Information

SM = Self Management

INF = Analyzing Influences

IC = Interpersonal Communication

GS = Goal-Setting

DM = Decision-Making

AV = Advocacy

Healthy Kids: Keeping Safe

GRADE 3

LESSON 1

Learner Outcome

Students differentiate between communicable and non-communicable disease.

Vocabulary

Strep throat, immunized, measles, transmitted, communicable, non-communicable, diabetes, asthma, cancer

Materials

Student Activity Sheet "Communicable vs. non-communicable Diseases."

Activity

1. *Tell students, "We will discuss diseases you can catch from other people and ones you can't catch from other people."*
 2. *Ask students to share how they feel when they are sick. List symptoms.*
 3. *Ask students what illnesses they have had. Have other students raise hands if they have had that illness too.*
- Teachers begin the lesson by introducing the concept of wellness and illness.
 - * How do you feel when you are well?
 - * How do you feel when you are ill?
 - With the class, the teacher discusses symptoms of illness.
 - * Name some diseases.
 - * What illnesses have the students experienced?
 - Explore those people who helped the student feel better.
 - * Parents, grandparents, doctors, nurses.
 - Have students share how they helped themselves feel better.
 - * Rested, stayed in bed, took medicine ...
 - Students discuss ways in which each of the diseases can be transmitted:
 - * From person to person (touches, kisses, blood, urine)
 - * Through the air (coughs, sneezes)
 - * From water (drinking, swimming)
 - * From food (improper washing, cooking, storing)
 - * From animals or insects (bites from fleas, mosquitoes, worms)*List these or use pictures.*
 - Discuss communicable (contagious) and non-communicable (non-contagious) diseases.
 - * Help student understand that not all diseases are contagious.

- * Explain that many contagious diseases are caused by germs.
- * With the class, brainstorm and list examples of communicable and non-communicable disease.

Communicable	Chicken pox
Cold	Flu
Measles	Strep throat
Hepatitis	Non-communicable
Diabetes	Asthma
Cancer	Heart disease
allergies	

- Brainstorm with the students. How can they each help prevent the spread of communicable disease?
 - * wash hands
 - * covering mouth and nose when coughing and sneezing
 - * not spitting
 - * not sharing eating utensils
 - * keep food in the refrigerator
 - * cooking food
 - * immunizations
 - * *not touching other people's blood, urine, or spit (body fluids)*
 - * *using gloves and other proper first aid techniques*
- Student activity sheet can be filled in individually, in cooperative learning groups with each group responsible for two diseases or as a class discussion.

Closure

Have students categorize the diseases in two separate columns and explain their position. They may use the "Communicable vs. non-communicable" Activity Sheet. *Instead, have students explain to their partner the difference between communicable and non-communicable diseases.*

Family Involvement Activity

Optional: AIDS could be added to this lesson as one of several communicable diseases listed because many students will have heard about AIDS on TV, in magazines, from older children, etc., *and previous year's health education.*

Healthy Kids: Keeping Safe

GRADE 3

LESSON 1

STUDENT ACTIVITY SHEET

COMMUNICABLE vs. NON-COMMUNICABLE DISEASES

Name: _____

Directions: Read the list of diseases listed below. Decide if they are communicable or non-communicable, and mark an X in the correct column below. After you have marked your answer, explain why you think it is communicable or non-communicable.

	Communicable	Non-Communicable
1. Allergies Explain your answer:		
2. Diabetes Explain your answer:		
3. Cold Explain your answer:		
4. Strep Throat Explain your answer:		
5. Asthma Explain your answer:		
6. Heart Disease Explain your answer:		
7. Flu Explain your answer:		
8. Chicken Pox Explain your answer:		
9. Hepatitis Explain your answer:		

Healthy Kids: Keeping Safe

GRADE 3

LESSON 1 STUDENT ACTIVITY SHEET

COMMUNICABLE vs. NON-COMMUNICABLE DISEASES

Name: _____

Directions: Read the list of diseases listed below. Decide if they are communicable or non-communicable, and mark an "X" in the correct column below.

After you have marked your answer, explain why you think it is communicable or non-communicable.

	Communicable	Non-communicable
1. Allergies Explain your answer: Allergies are caused when a person is sensitive to certain substances (e.g., dust, pollen, food, etc.).		X
2. Diabetes Explain your answer: Diabetes is when your body is not able to use sugar properly. This disease cannot be passed from person to person.		X
3. Cold Explain your answer: A person with the cold, coughs or sneezes, spreading the germs so you breath them in and catch the cold.	X	
4. Strep Throat Explain your answer: This disease is spread from person to person through droplets of moisture sprayed from the mouth and nose.	X	
5. Asthma Explain your answer: Caused by allergic reactions to house dust, pollens or certain foods.		X

	Communicable	Non-communicable
6. Heart Disease Explain your answer: This disease develops from improper diet, lifestyle or one may be born with it.		X
7. Flu Explain your answer: The flu virus is spread through exhaled air or when an infected person coughs or sneezes.	X	
8. Chicken Pox Explain your answer: A very contagious disease that children get when they are in contact with an infected person.	X	
9. Hepatitis B/C Explain your answer: The virus causing hepatitis B/C is transmitted by blood or blood products and sometimes through other body fluids like saliva (B only).	X	

TEACHER INFORMATION

GRADE 3 LESSON 1 DEFINITION OF TERMS

TEACHER NOTE: AIDS is not included in this lesson because the focus is on the difference between communicable and non-communicable diseases, and how diseases are spread. It forms the foundation for the introduction of AIDS as part of the comprehensive health education program. This lesson should enable students to recognize that some diseases are transmitted easily. Lesson 4 addresses AIDS as a disease that is hard to contract since the AIDS virus cannot be spread by casual contact.

HEALTHY CARRIER

Many diseases have a carrier state in which some infected persons are not ill, but remain capable of transmitting their infection to others indefinitely. Examples of diseases with carrier states include typhoid fever (typhoid Mary is a famous carrier), hepatitis B/C, and HIV infection. Carriers are especially likely to unknowingly transmit their disease to large numbers of people.

WAYS DISEASES ARE SPREAD

Examples of how diseases spread:

Airborne

An infected person coughs or sneezes the germ into the air and another person breathes it in. Diseases such as the common cold, measles and tuberculosis are spread this way.

Blood-Borne

Blood from an infected person gets into the bloodstream of another person by blood transfusion or needle sharing. Diseases such as hepatitis B/C and HIV are spread this way.

Direct Contact

A person with a skin infection spreads it by direct skin contact with another person. Diseases such as impetigo may be spread this way. Also, most colds.

Fecal-Oral

An infected person's stool carries the germ and contaminates food or water that is eaten or drunk by another person. Diseases such as hepatitis A and many viral gastroenteritis (inflammation of the stomach and intestines) are spread this way.

Sexual

The germ is spread from one person to another by sexual contact. Diseases such as syphilis, gonorrhea, hepatitis B/C and HIV are spread this way.

Vector-Borne

A mosquito or other insect bites an infected person and carries the germ from the infected person's blood to the next person who is bitten. Diseases such as malaria are spread this way.

Bacteria

One group of germs that needs food and water to live.

Communicable Disease

A disease that is transmitted directly or indirectly from one person to another. It is caused by bacteria, viruses, and other organisms or their toxic products.

Droplet Spray

Organisms that are projected in droplets of water when an infected person coughs or sneezes and are received in the eyes, nose, or mouth of a nearby person.

Germ

Organism that can cause diseases.

Infected

To have a germ or a virus.

Measles

An infectious communicable virus disease, characterized by small, red spots on the skin and high fever.

Non-Communicable Diseases

Diseases that cannot be spread from one person to another. Some examples include heart disease, emphysema, diabetes, and most cancers. The cause of non-communicable diseases may be genetic (cystic fibrosis), environmental (sunlight and skin cancer), behavioral (seat belts and injuries), or multi-factorial, such as environmental and behavior (smoking and lung cancer).

Strep Throat

A sore throat caused by bacteria, with inflammation and fever.

Transmitted

Causing it to go to another person, as in passing a disease on to another person.

Virus

A virus is a submicroscopic particle that has the ability to infect cells, the building blocks of plants and animals. Cells that are infected with viruses often die. When many cells become infected and die, the organism as a whole becomes sick. Viruses are capable of growth and reproduction only in living cells and thus are not considered to be truly alive. Viruses are thousands of times smaller than cells and millions of times smaller than people.

Viruses do not cause all infections. Many infections are caused by other germs, including bacteria, fungi or parasites. Some diseases that viruses do cause include measles, mumps, polio, common colds, and AIDS.

Healthy Kids: Keeping Safe

GRADE 3

LESSON 2

Learner Outcome

Students understand how the body's immune system works and how immunizations and good health practices help our immune system.

Vocabulary

Immunization, pox, antibodies

Materials

The immunization story. Nametags for role play game.

Activity

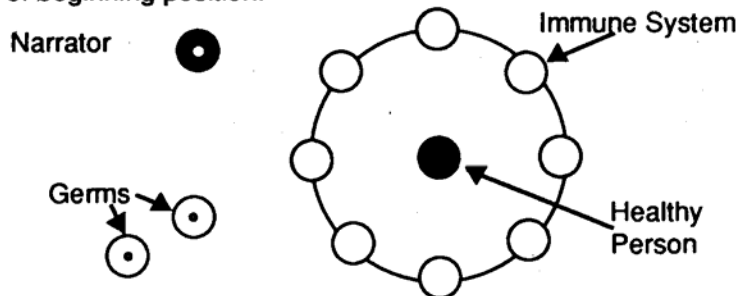
- Write the word immunization in bold letters on the board.
 - * Have students say the word several times together.
 - * Tell them that they go to a doctor for immunizations.
 - * Ask them if they know how a doctor gives immunizations (to protect them from disease).
 - * Tell the immunization story (see teacher information).
- Tell students if they have healthy immune systems, they are protected from some diseases. *Explain this is because their body has and can make antibodies to fight germs.*
- Tell students they will now play a game to show them how a healthy immune system works.

Healthy Immune System

Roles:

Immune system	6-8 students
Germs	2-3 students
Antibodies	2-3 students
Narrator	1 student

Diagram of beginning position.



Students can use body movement to demonstrate the function of a healthy immune system. Tell students to act out how the immune system works. Split students into groups and have them select their roles. They can form an immune system circle by joining hands. The narrator can stand inside this circle to symbolize how a person's immune system protects one from illness. As germs approach the immune system, persons playing antibodies go out, attach to them, and bring them back to the immune system. As long as the immune system remains intact (the circle remains unbroken) the immune system is able to kill the germ when it comes in contact with it. The immune system remains intact and the person maintains his or her health.

- Ask students to list good health practices that can help our immune system. The list might include:
 - * Wash hands before meals
 - * Brush your teeth
 - * Eat breakfast
 - * Get plenty of sleep
 - * Visit the doctor to have your shot
 - * *Use good first aid practices*

Closure

Remind students that we can help our immune system by stopping germs from entering our bodies. We do that by daily practice of good health habits (e.g., proper foods, plenty of rest and washing hands).

Family Involvement Activity

Students share with parents health practices that can help our immune system.

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 3

LESSON 2

Immunization

Defined as a method of controlling communicable diseases. It comes in the form of a pill, liquid or injection, and helps the body protect itself against diseases.

The immunization story

Immunization is a way to help the body manufacture antibodies that fight off germs. We are not born with these antibodies. We grow them within our bodies. Immunization is the method by which our body is told to make antibodies.

A few dead or alive, but greatly weakened, germs are introduced into our bodies as a liquid (polio) or a shot in the arm (measles). These germs are put in the liquid by the doctor or nurse and we eat them. When the shot needle sticks in your arm and the germs are put into your body, your body identifies them as bad germs. The body began to manufacture antibodies to fight and kill these invading germs. Only a polio antibody can fight the polio germ. A measles antibody fights measles germs. The process of putting germs into the body and the body making antibodies to fight these germs is called immunizations.

Diseases controlled by immunizations

1. Diphtheria
2. Whooping Cough
3. Measles
4. Polio
5. Tetanus
6. Mumps
7. Rubella

Diseases not controlled by immunizations:

1. Cold
2. HIV
3. Mononucleosis

DEFINITION OF TERMS AND INFORMATION ABOUT IMMUNIZATIONS

Antibodies

A chemical produced by the immune system to fight infection

Vaccine

A substance produced by scientists that is usually injected to prevent disease.

Immune System

Protects the body from infection.

Immunization

A method of producing resistance to an infectious disease, usually by vaccination or inoculation.

ABOUT DIPHTHERIA

Diphtheria is caused by bacteria that usually enters the body through the nose and mouth. The symptoms are a slight fever, chills and sore throat. In serious cases ... dead cells and bacteria may choke the windpipe with a "membrane" and cause the patient to suffocate. Diphtheria can also cause heart failure, pneumonia and paralysis. About 10 percent of diphtheria cases are fatal.

DIPHTHERIA IS PREVENTABLE

For infants and young children, an initial series of three injections is followed by booster injections which are generally given at 15-18 months of age, at school entry (4-6 years) and then every ten years.

ABOUT TETANUS

Tetanus is caused by bacteria that is present just about everywhere, but mostly in soil, dust and horse manure. It is not passed from person to person. The germs enter the body through a wound. As the infection develops, muscles in the jaw, neck, stomach, and limbs become locked, spasm and the body is wracked by waves of painful convulsions. Tetanus kills 35-70 percent of its victims, depending on age, sex, immunization status, and other factors.

TETANUS IS PREVENTABLE

Tetanus vaccine is usually given in combination with the diphtheria vaccine. Immunity from the vaccine is not permanent; booster injections must be given every 10 years. Any time a person gets a puncture wound or other kind of wound which is dirty, a doctor should be consulted about whether a special booster is needed.

ABOUT PERTUSSIS

Whooping Cough

Pertussis causes severe complications and high mortality in infancy. For these reasons immunization is recommended in early life. The disease is highly contagious and as many as 90 percent of un-immunized close contacts of a pertussis case will become infected. Pertussis is caused by a bacteria found in the mouth, nose and throat of infected persons and is spread through the air to others. The first signs are similar to those of a common cold, accompanied by an irritating cough. The cough increases in intensity as violent and prolonged spasms occur, with high pitched whooping sounds between each spasm, as the patient fights to inhale air.

PERTUSSIS IS PREVENTABLE

Initially 3 injections are given, usually combined with diphtheria and tetanus (DTP). Boosters are needed at 15-18 months of age and at school entry (4-6 years).

ABOUT POLIO

Poliomyelitis, Infantile Paralysis

Polio is a particularly dangerous disease because of its potential for causing crippling paralysis and even death. Thanks to the widespread use of oral polio vaccine, the disease does not occur frequently; but it still kills about 10 percent of paralyzed victims.

Symptoms of polio include fever, headache, upset stomach, and stiffness in the neck and back, with or without paralysis. Because the disease is caused by a virus, there is no "cure" for polio. Over the past few years the number of un-immunized children has increased and polio can still strike anywhere when immunizations are neglected.

REMEMBER, POLIO IS PREVENTABLE

Four properly spaced doses of oral vaccine give permanent immunity.

ABOUT MEASLES

Rubella, Hard, Red, 7-Day, Old-Fashioned

Measles is a highly contagious disease caused by a virus and is the most common of the childhood diseases. Symptoms include: general tiredness, fever of 101° or more, watery eyes, cough, and dusky red, splotchy rash that begins on the face, then spreads to the trunk and extremities and lasts at least three days.

Measles is often a severe disease which frequently causes secondary complications such as middle ear infections, pneumonia or encephalitis (inflammation of the brain). Encephalitis, which occurs in about one of every 2,000 measles cases, often causes permanent brain damage and mental retardation, and it may be fatal.

MEASLES IS PREVENTABLE

Immunization with measles vaccine prevents disease in nearly all who are immunized. The vaccine is given by injection, preferably at 15 months of age or older.

ABOUT MUMPS

Mumps is caused by a virus. The symptoms generally include fever, headache and inflammation of glands that cause swelling under the ears (back of the cheeks). Sometimes it is more serious. Secondary complications can include serious ear infection, meningitis or encephalitis. Although most patients recover fully, deafness and other permanent damage does occur on rare occasions. In teenage and adult males, mumps may produce a painful inflammation of the testicles. This occurs in 15-20 percent of cases, but rarely results in sterility. In teenage and adult females, mumps may cause inflammation of the ovaries and breasts, but rarely causes lasting complications.

MUMPS IS PREVENTABLE

Immunization with mumps vaccine prevents disease in nearly all who are immunized. The vaccine is given by injection, preferably at 15 months of age or older.

ABOUT RUBELLA

German Measles, Three Day

Rubella is caused by a virus. It is a mild disease accompanied by low fever, a slight rash and swelling of the glands in the neck. Rubella lasts about three days. But a woman who catches Rubella early in pregnancy may have a miscarriage or deliver a baby who is crippled, blind, deaf, mentally retarded or has a heart defect.

RUBELLA IS PREVENTABLE

Immunization with rubella vaccine prevents disease in nearly all who are immunized. The vaccine is given by injection, preferably at 15 months of age or older.

ABOUT HAEMOPHILUS INFLUENZAE TYPE B

Haemophilus influenzae type b (Haemophilus b) is a bacteria that is easily spread from child to child causing severe disease. About 1 in every 200 children in the United States will have a moderate to severe case of Haemophilus before their fifth birthday.

Haemophilus b causes over half of all cases of meningitis (infection of the covering of the brain). About five percent of all children who develop this disease will die of it and of those who survive, many will have permanent brain damage. Haemophilus b can also cause pneumonia and infections of other body systems such as blood, joints, bone, soft tissue, throat, and the covering of the heart.

HAEMOPHILUS INFLUENZAE TYPE b INFECTIONS ARE PREVENTABLE

Immunization is recommended at 18 months of age. Because children in day care centers come into close contact with so many other children, they are at increased risk of developing serious disease. Therefore, your doctor may also want to consider immunization of these children 18-60 months of age.

Reprinted with minor changes from *Immunizations: For the Life of Your Child*, Oregon State Department of Human Services/Health Services, Portland, Oregon.

Healthy Kids: Keeping Safe

GRADE 3

LESSON 3

Learner Outcome

Students realize the spread of diseases can be prevented.

Vocabulary

Communicable, non-communicable, disease

Materials

Vegetable oil, Vaseline, pepper, or cinnamon

Activity

- Review with students communicable vs. non-communicable disease, reminding them how diseases are spread. Tell students that the purpose of the lesson is to learn more about how they can prevent the spread of disease and infection by practicing good health habits.

Write "communicable" and "non-communicable" on the board. Briefly define.

Place a small amount of vegetable oil or Vaseline into the palm of each student's hand. Have students spread the oil or Vaseline across the palms of both hands by rubbing them together. Shake a little ground pepper or salt on their palms to represent "germs." Have students try to wash the oil/Vaseline and ground pepper or salt off their hands with cold water. The cold water does not wash away the oil. Explain that warm water and soap is the best method to use to clean their hands. Then have students practice the proven method of washing hands with warm, soapy water (*as below*).

- Teach students proper procedure for washing hands. Steps include: Use soap and warm running water.
 - Rub hands vigorously.
 - Wash all surfaces including backs of hands, wrists, underneath fingernails when possible.
 - Rinse well.
 - Turn off water.
 - Dry hands with paper towel.
- Discuss with students when hands should be washed:
 - before eating
 - after using the bathroom
 - after coughing and sneezing after assisting in first aid
 - *after playing*
 - *after handling animals*

List these on board, overhead or paper.

- Discuss with students other good health habits that can be practiced to help prevent the spread of communicable disease and infection.
 - Cover mouth when coughing or sneezing.
 - Wash hands after covering mouth when coughing or sneezing.
 - Stay home when sick.
 - Don't share eating utensils or food.
 - Proper care of injuries.
- Explain and demonstrate the procedure for caring for small cuts.
 - Tell a trusted adult (*or older person if adult not available*).
 - Clean the cut with soap and water.
 - Dry the cut.
 - Put a bandage on it.
 - *Use gloves if helping someone else.*

Have students practice.
- Students should be encouraged to show care and concern for others but cautioned against coming into contact with body fluids of an injured person.
- Explain and demonstrate the procedure for proper care of one's own nose bleeds.
 - Apply pressure to bridge of nose.
 - Use tissue to catch flowing blood.
 - Tell trusted adult.
 - Wash hands with soap and water.

Have students practice.
- Have students react to the following situations by role-playing.
 - Your friend offers you her half-eaten candy bar.
 - You are getting a cold and sneezing a lot.
 - Your friend gets a bloody nose while playing dodge ball.
 - You have just used the bathroom and are getting ready to eat.
 - You skin your knee while roller skating and your knee is bleeding.

Closure

Have students list or share health habits they can practice to help prevent the spread of disease. *May want to use cooperative learning groups.*

Family Involvement Activity

Send parents a copy of "Importance of Infection Control" teacher's information. Ask that they help students monitor handwashing daily.

Name: _____

Dear Parents: Your child has been studying the importance of washing hands to control infection. We want to share this information on handwashing and infection control with the family.

IMPORTANCE OF INFECTION CONTROL

Infection control measures are the measures that one person can take to prevent getting or giving a communicable disease to another person. Infection control measures are usually quite simple, such as washing one's hands before preparing a meal, covering one's mouth when coughing or sneezing, or wearing gloves when touching blood that has come from someone else. Although infection control might seem to be most important when people are known to be sick (such as in hospitals), in reality, infection control must be practiced everyday by everyone. This is because communicable diseases are usually most infectious either before or just as affected persons develop symptoms and do not know yet that they are ill. Thus, by the time one realizes that someone has a communicable disease, he or she probably has already been exposed to the infection unless good infection control has been used.

EXAMPLES OF WAYS TO CONTROL INFECTIONS

1. Wash hands before meals.
2. Cover mouth when coughing or sneezing.
3. Wash hands before preparing food.
4. Stay home when sick.
5. Dry feet after taking a shower.
6. Don't drink untreated water.
7. Don't eat uncooked meat.
8. Wash hands after going to the bathroom.

Handwashing

Handwashing is one of the most important ways to practice infection control. Students need to learn about handwashing and have an opportunity to practice all of the steps.

To demonstrate the proper procedures for handwashing, you can verbally instruct students how to wash their hands while they sit at their desks. They can pretend they are at a sink doing each action as it is directed, or you may want to take groups of students to the sink and give them the opportunity to wash their hands with soap and water. Whatever method is used, the steps to follow include:

1. Use soap and warm running water.
2. Rub hands vigorously.
3. Wash all surfaces including: backs of hands; wrists; underneath fingernails.
4. Rinse well.
5. Dry hands with paper towel.
6. Turn off the water.

These procedures should be incorporated before meals, after using the bathroom, after coughing and sneezing and after assisting in first aid.

Students should be encouraged to show care and concern for others but cautioned against coming into contact with body fluids of an injured person.

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 3

LESSON 3

IMPORTANCE OF INFECTION CONTROL

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1. Use soap and running water.
2. Rub hands vigorously.
3. Wash all surfaces, including: backs of hands; wrists; underneath fingernails.
4. Rinse well.
5. Dry hands with paper towel.
6. Turn off the water.

These procedures should be incorporated before meals, after recess, after using the bathroom, after coughing and sneezing and after assisting in first aid.

FIRST AID

One way people can be exposed to viruses is by coming in contact with infected blood while providing first aid. The risk of infection by this means is very low and can occur only if the blood from the infected person can get through a break in the skin, such as a cut, open sore or chapped area. Nevertheless, steps should be taken while providing first aid to avoid direct skin contact with blood.

Precautions with first aid cannot be limited to just those who are known to be infected. It is important to remind students that most persons infected with HIV and the hepatitis B virus are not sick and do not know that they are infected. Therefore, the same precautions must be used when giving first aid to everyone.

PRECAUTIONS FOR GIVING FIRST AID

When giving first aid to someone with a bleeding injury, steps should be taken to avoid direct contact with blood. These precautions apply to giving first aid to anyone, not just persons who are known to have an infection. Younger students should seek help from an adult before giving first aid.

The precautions include:

1. Persons giving first aid should use a first aid kit that includes a pair of plastic or rubber gloves.
2. Persons giving first aid should put on the gloves before having contact with blood, unless harm would come to the injured person because of a delay in putting on the gloves.
3. After giving first aid, all disposable items contaminated with blood should be placed in a plastic bag, which is tied shut and put in a wastebasket or trash can. Remove soiled gloves without touching the contaminated surface with bare hands.
4. Any clothes contaminated with blood should be laundered or dry-cleaned.
5. Any blood spilled on the floor, desks or other surfaces should be cleaned up with soap and water. Then the surfaces should be disinfected and allowed to air dry. Household bleach may be used.
6. All persons providing first aid and cleanup should wash thoroughly with soap and water as soon as possible after finishing the task.

PLACES THAT SHOULD USE INFECTION CONTROL

The message here is that the first aid precautions should be used everywhere. Certainly there are some settings where the risk is lower (elementary school classroom poses less risk than a sexually transmitted diseases clinic setting). There is no setting, however, where the risk is zero. The consequences of an exposure are so serious that the precautions are justified even in the lower risk settings.

Examples of specific places that should use infection control include:

1. Hospitals
2. Worksites, homes
3. Schools, especially in athletics where bleeding injuries may occur.
4. Parks, shopping malls and other public places.

Bloody Nose

1. Place student in a sitting position with head forward.
2. Encourage student to apply pressure by pressing the bleeding nostril toward the middle of the nose.
3. If student is unable to help him/herself and needs assistance, caregiver should apply gloves before coming into skin contact with blood.
4. When nose bleed stops, wash gloved hands to remove gross amounts of blood.
5. Clean up student, washing all blood off the skin with soap and water. 6. See #5 under "Precautions for Giving First Aid" on previous page.
5. Clean up minor blood spills on environmental surfaces. For major blood spills, contact school custodian.
6. Remove gloves.
7. Wash hands with soap and water.

Healthy Kids: Keeping Safe

GRADE 3 LESSON 4

Learner Outcome

Students understand that AIDS is a communicable disease that is hard to catch -you cannot catch it just by being near, touching or playing with someone who has it. Students understand that AIDS is a preventable disease.

Vocabulary

AIDS, HIV, casual contact, immune system, virus, contracted, defense, hygiene

Materials

Student Activity Sheet, "AIDS - True or False"

Activity

- Tell students that the purpose of today's lesson is to learn more about a specific communicable disease known as AIDS.
- Review and/or introduce the function of the immune system emphasizing how antibodies provide infection control against viruses and germs.
- Review communicable diseases and introduce AIDS to the listing.
 - colds
 - sore throat
 - flu
 - chicken pox
 - measles
 - AIDS
- Lead a discussion on "What is AIDS?"
 - How many students have heard about AIDS?
 - What have you heard?
 - AIDS is a disease many of us, including adults, are afraid of.
 - There is a reason to be concerned about AIDS, because it is a communicable disease that if you get it, you get very sick and may die.
 - None of us wants to get a disease that can make us very sick, so it is important to know about this disease.
 - It is really important to know what we need to be afraid of and what we do not need to be afraid of.
- Discuss "What do we need to know about AIDS?"
 - AIDS is a very serious communicable disease.
 - People who have AIDS are very sick.
 - A germ (virus) causes AIDS.
 - This germ needs to get into our blood.

How germs get into the bloodstream.

 - The GOOD NEWS is this germ is hard to get.

Use visual aid (poster) of body to show how germs get into bloodstream. Body should show circulatory system. Demonstrate the path a germ travels to get into the bloodstream.

- Emphasize how AIDS is not acquired by:
 - Hugging, kissing (*closed mouth kissing*);
 - Classroom contact; - Coughing, sneezing;
 - From toilet seats, clothes, dishes;
 - By sharing food, pencils, etc.
- Explain, very simply, that the AIDS germ is ONLY spread:
 - When someone with the germ shares blood with someone else. *Clarify by examples: being 'blood brothers,' touching or cleaning cuts or nose bleeds.*
 - When someone who has the germ has sex or contact with private parts (*point to body parts on a figure covered by a swimming suit*).
 - When a mother with the germ has a baby. *Clarify this is when mother gives birth.*
- Using the list generated from the review of communicable disease. Classify the list as those diseases that are easy to get and those that are hard to get.

Easy to Get

Colds
Sore throat
Flu
Chicken pox
Measles

Hard to Get

AIDS

- Emphasize and discuss:
 - IT IS OKAY TO BE AROUND PEOPLE WHO HAVE AIDS AND NOT BE AFRAID OF THEM.
- Student Activity Sheet 1: Provide each student with a copy "AIDS -True or False." Read each statement aloud and have students mark "T" or "F" in the space provided. Be sure to cover possible unfamiliar vocabulary words while reading the statements aloud (i.e., contracted, defense, hygiene, bad drugs [illegal], drugs or abused over-the-counter drugs).
- Student Activity Sheet 2: The student is to circle, either vertical or horizontal, the diseases in the puzzle. Discuss how the illness might be spread. *Complete with partner.*

Closure

The completion and discussion of "AIDS -- True or False."

Family Involvement Activity

Students take activity sheet #2 home to share with the family. *If Activity Sheet #2 is sent home, send accompanying letter of explanation.*

Teacher may need to mark first letter of each word in puzzle. Teacher could circle in red.

OPTIONAL ACTIVITY:

Send home completed Activity Sheet #1 to discuss with family, instead of Activity Sheet #2.

Healthy Kids: Keeping Safe

GRADE 3

LESSON 4

STUDENT ACTIVITY SHEET 1

Name: _____

AIDS - TRUE OR FALSE

- _____ 1. AIDS can be contracted by shaking hands
- _____ 2. You can get the AIDS virus by being bitten by an insect.
- _____ 3. The doctor can give a shot to prevent AIDS.
- _____ 4. You can get the AIDS virus by going to school with a person who has the AIDS virus.
- _____ 5. You cannot get AIDS from using a public phone.
- _____ 6. You can get AIDS by playing with a friend who has AIDS.
- _____ 7. The best defense against AIDS is knowing all the facts about AIDS and learning good health habits.
- _____ 8. It is important to practice good daily hygiene all the time.
- _____ 9. To get AIDS the virus must enter your bloodstream.
- _____ 10. Children or adults who use illegal drugs can get AIDS by sharing needles with someone who has AIDS.

TEACHER'S KEY

Healthy Kids: Keeping Safe

GRADE 3
LESSON 4

STUDENT ACTIVITY SHEET 1

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NAME: _____

C	A	D	M	F	Y	H	X	G	I	J	O
H	M	C	O	L	D	S	J	A	Q	O	R
I	E	P	L	U	S	M	K	Z	H	E	W
C	A	G	E	Z	V	O	P	N	V	A	K
K	S	C	I	D	M	I	S	C	L	Y	R
E	L	R	Z	H	N	S	T	R	E	H	X
N	E	A	O	A	L	G	E	B	A	C	E
P	S	W	U	I	D	I	K	B	M	Y	Q
O	O	P	M	D	A	L	T	Z	O	U	D
X	X	J	O	S	B	G	N	U	X	P	P
T	S	T	R	E	P	T	H	R	O	A	T

1. AIDS
2. COLDS
3. CHICKEN POX
4. FLU
5. MEASLES
6. STREP THROAT

NAME: _____

C	A	D	M	F	Y	H	X	G	I	J	O
H	M	C	O	L	D	S	J	A	Q	O	R
I	E	P	L	U	S	M	K	Z	H	E	W
C	A	G	E	Z	V	O	P	N	V	A	K
K	S	C	I	D	M	I	S	C	L	Y	R
E	L	R	Z	H	N	S	T	R	E	H	X
N	E	A	O	A	L	G	E	B	A	C	E
P	S	W	U	I	D	I	K	B	M	Y	Q
O	O	P	M	D	A	L	T	Z	O	U	D
X	X	J	O	S	B	G	N	U	X	P	P
T	S	T	R	E	P	T	H	R	O	A	T

1. AIDS
2. COLDS
3. CHICKEN POX
4. FLU
5. MEASLES
6. STREP THROAT

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADE 3 LESSON 4

The word AIDS is really initials. It means:

- A** = Acquired (passes on by a carrier)
- I** = Immune (the body's defense system)
- D** = Deficiency (not working properly)
- S** = Syndrome (a group of signs and symptoms)

What is AIDS?

AIDS is a very serious disease. People who have AIDS are very sick. Their systems, which normally protect them from disease, are broken and cannot fight against many illnesses. A person with AIDS has to be very careful to avoid many common illnesses which do not make a healthy person very sick. People who have AIDS get it because the germ that causes AIDS has gotten into their bloodstreams and has made them sick.

YOU CANNOT CATCH AIDS BY:

- Going to school with a child who has AIDS.
- Going to school where an infected person works.
- Playing with an infected child.
- Shaking hands.
- Hugging.
- Eating in a public place.
- Using a public telephone.
- Using public toilet facilities.

HOW HIV IS SPREAD

HIV is found in blood, semen, breast milk, and vaginal/cervical secretions of infected persons. Consequently, contact with one of these fluids can result in becoming infected with HIV. The most common way that HIV is transmitted is by sexual contact. The second most common way that HIV is transmitted is by the sharing of injection drug needles that have become contaminated with the blood of a drug user who is infected. A third way that HIV can be transmitted is through the blood of an infected mother to her unborn child or breast feeding. In the past, some people who received blood transfusions developed AIDS because the person who donated the blood was infected with HIV. Since 1985, all blood donated in this country has been tested for HIV infection. Blood that is found to be infected is discarded and is not used.

HOW HIV IS NOT SPREAD

HIV is spread from one person to another only by sexual or blood contact. HIV has not been spread by other types of contact that are more casual in nature. Scientists have studied whether persons who have lived in the same house as someone with AIDS are also at risk for getting AIDS. These persons have shared meals, bathrooms and have hugged and kissed AIDS patients. In spite of this direct contact (often for many years),

these people have not become infected with HIV. If HIV is not spread within households, then it is not spread in other settings in which there is less direct contact, such as schools or businesses.

There is no evidence that mosquitoes or other biting insects can spread HIV Infection. There has been no evidence of transmission through tears and saliva. HIV Is easily destroyed by heat, disinfectants and drying. Sitting by a person with AIDS, holding hands or using a telephone or public restroom does not put you at risk for AIDS.

THE TWO RISK BEHAVIORS THAT TRANSMIT HIV AND THEIR CONSEQUENCES

It is critical for students to understand that the spread of HIV results from behaviors that individuals control. Individuals may avoid exposure to HIV by avoiding the behavior that present a risk. Information should be clearly and sensitively presented.

High risk behaviors for HIV infection are those that involve the exchange of blood or sexual fluids.

Drug Use

Drug use poses unacceptable RISKS to one's health and quality of life. CONSEQUENCES of drug use include overdosing, infections of the skin and heart, and criminal activity to support the habit. Sharing needles either for drug use or other purposes has an additional RISK. If needles are shared, the CONSEQUENCES can also include hepatitis B/C and HIV infection.

Sexual Contact

Sexual contact is the main method of transmission for HIV. As the number of partners increases, RISK increases. The CONSEQUENCES of having sex with multiple partners can include AIDS, other sexually transmitted diseases, and unwanted pregnancies. Remember that it is not always possible to determine if someone is infected with HIV.

WHY PEOPLE ENGAGE IN THESE HIGH-RISK BEHAVIORS

Ideas for this could include:

1. The person doesn't understand that the behavior is high risk.
2. The person knows that the behavior is high risk, but believes that risk only applies to other people.
3. The person doesn't care about the risk because he or she has little sense of self worth.
4. The person is taking so many other kinds of risks that this risk seems small. For example, the drug user is taking risks of overdose, addiction and other kinds of infections. The risk of AIDS may seem small in comparison.
5. The person is afraid to refuse involvement because others may think he or she is chicken or prudish.
6. The person is more interested in doing what they want to do now rather than in worrying about long-term health consequences.

7. Established behaviors are difficult to change.

PREVENTIVE MEASURES-BLOOD CONTACT

Infected blood that carries HIV may be injected into an uninfected person by the sharing of needles, razors, tattoo instruments, or anything else that can puncture the skin. Using responsible decisions and saying no to drugs is the best way to prevent getting HIV infected by blood exposure. Some IV drug users are learning how to clean and sterilize their needles to prevent AIDS, but this has to be done properly and consistently to be effective. Similarly, razors, tattoo instruments and ear-piercing instruments should not be shared unless they are sterilized between use.

There is no risk in donating blood since all equipment is already sterile and is used only once.

Healthy Kids: Keeping Safe

GRADE 3

LESSON 5

Learner Outcome

Students identify feelings associated with illness and disability and learn about positive attitudes toward people with illnesses and disabilities.

Vocabulary

Illness, disability, isolated, terminal, handicapped, cancer, empathy

Materials

Pictures of hospital, ill people, cards, mask, gloves, etc., to share with students.

Activity

- Teacher will lead the class in a discussion on the topic "What it is like to be ill." Or teacher may use brainstorming as a technique to gather information from students.
- Students will be asked to respond to following questions.
 - When was the last time you were ill?
 - Were you isolated?
 - What is it like being isolated?
 - How did you feel knowing you were going to get better?
How did people treat you?
 - How did you wish you were treated?
 - What changes occurred in your family when you were ill?
 - What do you think it would feel like to have a disease that does not go away?

Write responses on board, paper, or overhead.

Have students discuss questions with a partner then cover questions as a whole class (to keep students involved in lesson).

- Choose five students to volunteer or divide class into cooperative groups. Ask the following questions.
Teacher may want to model a question and answer first.
 - If one of your friends had a cold, would you play with him/her?
 - If one of your classmates had cancer would you still be his/her friend?
 - Would you visit a neighbor who was confined to a wheelchair?
 - Would you attend a birthday party of a friend who has a scar on his/her face.
 - Would you help a new blind student find the cafeteria at school? *Why?*
- Students should be encouraged to express their feelings and emotions in a nonjudgmental manner.

Ask students to think of all the ways these five people are just like us. - They have feelings.

- They have goals.
- They can have fun.
- They can attend school.

Closure

Ask students to respond in writing to the following:

(Teacher select or student select)

If I had or were: cancer, blind, a severely burned face, in a wheelchair, the way I would want to be treated is ...

Write in pairs or by dictation if necessary. If student writes, grade on content, not spelling, structure, or length. Some students' writing skills are limited, but they could illustrate a sentence or idea.

Family Involvement Activity

Family Involvement Activity Sheet "I Care Too."

Optional Activities

Have students write a letter or a card to someone who is ill. If students are exposed to this activity early in the year they can send a card to classmates when they become ill.

- Have students take a field trip to a nursing home. They can provide entertainment or just interact.
- Provide some service project for someone who is ill or handicapped; i.e., stack wood, mow the lawn, carry groceries, etc.
- Include as one of your group of (5) questions a student with AIDS. This of course would provide a springboard for providing more information about AIDS.
- Have a guest with a handicapping condition visit your class.

Have a special student in your school visit your class.

Have students play with or have lunch with a special student.

Do simulation activities for disabling conditions.

Have "Kids on the Block" puppet group come to your school.

Dear Parents: Your child has been learning the importance of having a positive regard for people with illness or disabilities. Help your child show they care by discussing this issue with them. Identify someone you know who is ill and help your child send a get well card, call, and/or arrange a short visit.

"I Care Too"

Healthy Kids: Keeping Safe

GRADE 3 LESSON 6

Learner Outcome

Students develop an awareness of their own uniqueness and the uniqueness of others.

Vocabulary

Unique, characteristics, similarities, self-esteem, differences, appreciation

Materials

Paper, markers, magazines, scissors, tape/glue, Appreciation Awards

Activity

- Lead the class in a discussion to identify those characteristics that make them unique: *Use students as real life examples.*
 - physical characteristics
 - behavior
 - talents
 - feeling responses to situations*Write responses on board, paper, or overhead.*
- Have students talk about how they share some of these characteristics with others. *Have students share with a partner as well as whole class.*
- Have students write about themselves describing characteristics that make them unique and special. Draw a picture or find one in a magazine of themselves doing their favorite activity. *Allow students to illustrate, dictate, do with partner, or write as a list.*
- Have the class create a bulletin board of the descriptions and pictures about themselves of the characteristics that make them unique and special.

Have students discuss the similarities and differences illustrated on the bulletin board. *Discuss in groups, then have groups report to class (as below).*

- Have students discuss what it feels like to be different.
- Have students respond to the following situations.
 - You are the tallest student in class.
 - You are the best reader in class.
 - You can't jump rope as well as your classmates.
 - You are a shy or quiet person.
 - You have a hard time with reading, math or spelling.
 - You are the fastest runner in your class.
 - Have students discuss and respond to role play situations.
- Have the students find a partner to give "Appreciation Awards."

Closure

Have student share "I learned" statements.

Family Involvement Activity

Have students complete with family the "To Be Very Special" Family Involvement Activity Sheet.

Optional Activity

Have students demonstrate acceptance of peers by creating appreciation awards for each other (see sample enclosed).

Name: _____

Dear Parents: Your child has been studying similarities and differences in people. Your child is unique and very special. Please help promote this positive feeling of self by completing the following sentences with them.

TO BE VERY SPECIAL

(Parent) What I like about me is: _____

(Child) What I like about me is: _____

(Parent) What I like about you is: _____

(Child) What I like about you is: _____

NAME: _____



Healthy Kids: Keeping Safe

GRADE 3 LESSON 7

Learner Outcome

Students recognize influences of peer pressure and consequences of engaging in unsafe behaviors.

Vocabulary

Consequence, healthy, behavior, peer pressure, hypodermic needle

Materials

Butcher paper, marking pens, board, "Risks of Unsafe Living" activity sheet. Papers to put questions on.

Activity

- Introduce the activity by having students list (brainstorm) habits that are unsafe. Explain that today's lesson will focus on consequences of unsafe behaviors and steps we can take to prevent such behaviors. *Also list safe activities.*
- On a large sheet of butcher paper using colored marking pens, make a chart similar to the example shown for this activity. Have students respond to each "unsafe practice" by telling the consequences of that activity and steps one should take to avoid the unsafe practice. *List consequences of safe activities also.*
- Introduce the concept "peer pressure" and have students share what they think it means. Explain that its when friends try to get you to do something. Continue by involving students in the following activity. *Explain that peer pressure may encourage safe or unsafe behavior.*
- Place questions 1-8 on pieces of paper and insert them in a hat or box.
- Have selected students draw questions from the hat or box.
- Those students who draw questions may answer the question or ask another student what they would do.
- Instead of individual students answering questions, lead the entire class in a discussion.
The eight questions are:
 - What would you do if a friend wants you to ride your bicycle while you are blindfolded?
 - What would you do if a friend asked you to eat a tablespoon of salt?
 - What would you do if a friend wants you to stop eating candy that has lots of sugar in it?
 - What would you do if a friend wants you to join a boy/girl scout group?
 - What would you do if a friend wants you to join in teasing a classmate?
 - What would you do if a friend wants you to try drugs?

- What would you do if a friend dares you to pick up a hypodermic needle.
- What would you do if a friend has a bloody nose?

Instead of individual or class discussion, divide into eight groups. Each group discusses one question then whole class reviews.

- Using the same situations suggested in the questions above, ask students if they could be more easily pressured into these situations if:
 - Your friend threatened you with an unpleasant consequence (for example: "I'll kick your bike over if you do not do it!").
 - Your friend called you names (such as "chicken," "baby," etc.).
 - Your friend explains some consequences to you (for example: "Sugar is not good for teeth, is not healthy, etc.").
 - More than one friend made the demand (for example; two friends or three, four, six, etc.).
- Ask students, what can be done when someone tries to pressure them into doing something.
Write the following on the chart or board and discuss.
 - Refuse to do it.
 - Stop playing with the person pressuring you.
 - Suggest you do something else.
 - Seek a trusted adult for help or advise.

Role play the four situations above and other situations including safe and unsafe activities, using decision making skills.

Decision-Making

Students consider consequences of practicing unsafe behaviors. Students decide how to respond when pressured by peers.

Closure

Have students give an example of peer pressure and the consequence of that unsafe behavior.

Family Involvement Activity

Family Involvement Activity Sheet "Being Responsible With Friends."

Additional Activity

Use student activity sheet as a reinforcer. Complete with partner or in groups.

Adapted from *Health Skills for Life*. Developed in Eugene School District 4J, Eugene, Oregon, 1987.

Healthy Kids: Keeping Safe

GRADE 3 LESSON 7

STUDENT ACTIVITY SHEET

RISKS OF UNSAFE LIVING

UNSAFE PRACTICE	CONSEQUENCE	HEALTHY BEHAVIOR
Using Illegal Drugs		
Not Brushing Teeth		
Not Wearing Seat Belt		
Smoking Cigarettes		
Not Washing Hands Before I Eat		
Not Getting Enough Sleep		
Others		

Name: _____

Dear Parents: Your child has been learning to make responsible decisions under pressure from friends. A responsible decision is one that is: (1) healthy; (2) safe; and (3) following family rules. Help your child make responsible decisions.

Self-Contract: Making responsible decisions with friends.

Goal: I will learn and follow the rules my parents have made. I will instruct and have my friends follow these same rules while at my home.

Plan: Rules my family has.

1. _____

2. _____

3. _____

4. _____

Evaluation: The next time a friend is at my home, I will read the rules again and fill in the chart and discuss the answer with my parents.

Yourself	Rule 1	Rule 2	Rule 3	Rule 4
I followed this rule				
I did not follow this rule				

Healthy Kids: Keeping Safe

GRADES 4-5

OBJECTIVES

The following objectives and lessons are designed specifically for fourth and fifth graders. The focus of this unit is on identifying risks and making responsible decisions to prevent the consequences of risk taking behaviors relative to this age level. Students will learn about communicable and non-communicable diseases with a particular emphasis on the cause, prevention and impact of a specific communicable disease, AIDS.

The learner will demonstrate the ability to:

Analyze a list of risk and no-risk behaviors that can jeopardize one's health.

Synthesize risk behaviors and methods for their prevention.

Comprehend the differences between communicable and non-communicable diseases.

Comprehend the purpose of infection control and its procedures.

Explain how HIV affects the immune system.

Comprehend how human immunodeficiency virus is spread.

Explain how HIV infection and AIDS can be prevented.

Evaluate information on HIV disease and community response to persons with AIDS.

Explain his or her feelings about persons infected with HIV or who have AIDS.

LEARNER OUTCOME	LESSON NUMBER						OHECS
	1	2	3	4	5	6	
1. Analyze a list of risk and no-risk behaviors that can jeopardize one's health.	I	R	R				DM
2. Synthesize risk behaviors and methods for their prevention.	I	R	R				CC
3. Comprehend the differences between communicable and non-communicable diseases.		I	R	R	R		CC
4. Comprehend the purpose of infection control and its procedures.			I	R			CC SM
5. Explain how HIV affects the immune system.				I	R		CC
6. Comprehend how human immunodeficiency virus is spread.					I	R	CC
7. Explain how HIV infection and AIDS can be prevented.					I	R	SM
8. Evaluate information on HIV disease and community response to persons with AIDS.						I	CC
9. Explain his/her feelings about persons infected with HIV or who have AIDS.						I	IC

I = Introduce

R = Reinforce

Oregon Health Education Content Standards

CC = Concepts

AI = Accessing Information

SM = Self Management

INF = Analyzing Influences

IC = Interpersonal Communication

GS = Goal-Setting

DM = Decision-Making

AV = Advocacy

Healthy Kids: Keeping Safe

GRADES 4-5

INTRODUCTORY LESSON

Materials

Student Pre-Assessment Survey

Procedures

1. Tell students that they will be introduced to a unit that is on a specific communicable disease, AIDS. Not only will they learn about causes of diseases, but will also learn about making healthy decisions to prevent diseases. Students will be expected to keep a notebook with a list of vocabulary words introduced each day. This notebook should also include assignments and newspaper articles collected to share with the rest of the class. *Provide pre-made pages with words already printed. Adjust expectations of quality/quantity notebook work.*
2. Administer and collect for your information the Pre-Assessment Survey to determine students' knowledge about communicable diseases and AIDS. Please reassure students that this is not a test but helps you, the teacher, with planning and teaching the lessons so that it is not too easy or too hard. Students are not expected to know all of the answers and are encouraged to answer as many questions as they can. *Teacher read pre-assessment to class as they do each item.*
3. Give students ample time to complete the questions.

Healthy Kids: Keeping Safe

GRADES 4-5

PRE-ASSESSMENT SURVEY

Name: _____

Directions: Please circle T (True), F (False) to answer the statements below.

- T F 1. People take risks that can harm their health.
- T F 2. Communicable diseases are diseases that one person can give to another person.
- T F 3. A cold is a non-communicable disease.
- T F 4. Washing your hands can keep you healthy.
- T F 5. The immune system protects the body from infections.
- T F 6. AIDS is caused by a virus.
- T F 7. HIV is the virus that slowly destroys the body's ability to fight infections.
- T F 8. HIV, the virus that causes AIDS, can be spread by handshakes and hugs.
- T F 9. HIV can be spread from an infected person to an uninfected person by needle-sharing
- T F 10. AIDS can be cured.
- T F 11. AIDS can be prevented.

Write two to three sentences to answer the statements below.

12. What do you think *Healthy Kids: Keeping Safe* means?

13. List three ways you can stay healthy.

a.

b.

c.

TEACHER'S KEY

Healthy Kids: Keeping Safe
GRADES 4-5
PRE-ASSESSMENT SURVEY

Name: _____

Directions: Please circle T (True), F (False) to answer the statements below.

- (T) F 1. People take risks that can harm their health.
- (T) F 2. Communicable diseases are diseases that one person can give to another person.
- T (F) 3. A cold is a non-communicable disease.
- (T) F 4. Washing your hands can keep you healthy.
- (T) F 5. The immune system protects the body from infections.
- (T) F 6. AIDS is caused by a virus.
- (T) F 7. HIV is the virus that slowly destroys the body's ability to fight infections.
- T (F) 8. HIV, the virus that causes AIDS, can be spread by handshakes and hugs.
- (T) F 9. HIV can be spread from an infected person to an uninfected person by sharing needles.
- T (F) 10. AIDS can be cured.
- (T) F 11. AIDS can be prevented.

TEACHER'S KEY

Write two to three sentences to answer the statements below.

Student responses will vary.

12. What do you think *Healthy Kids: Keeping Safe* means?

13. List three ways you can stay healthy.

- a.
- b.
- c.

Healthy Kids: Keeping Safe

GRADES 4-5

LESSON 1

LEARNING ABOUT RISKS, CONSEQUENCES, AND PREVENTION

Objectives

The learner will demonstrate the ability to:

- Analyze a list of risk and no-risk behaviors that can jeopardize one's health.
- Synthesize risk behaviors and methods for their prevention.

Materials

"Risk, No-Risk" Student Worksheet

Vocabulary

Risk, consequence, prevention, responsible, decision, respect

Procedures

1. Write the word **RISK** on the board or overhead projector and ask students to brainstorm the meaning of the concept. List several ideas and define. Repeat this procedure with the words **CONSEQUENCES** and **PREVENTION**.
2. Tell the students that the purpose of today's lesson is to demonstrate how, by avoiding risks, one can prevent the consequences of unhealthy behavior.
3. Divide the class into partners or small groups. Tell students to read the items on the worksheet and decide what behaviors pose a risk to one's health. *Mark Risk/No Risk on worksheet.*
4. When the students finish with the first directive, allow discussion time as a class about the risks, whether individual group members agreed or disagreed about meaning, and if they resolved their differences of opinion.
5. In their groups, have students look at the risks and list possible consequences of the behaviors. *Complete the "Explain Your Answer" section.*
6. Involve students in a discussion to express their ideas about possible consequences. List their comments on the board or overhead.
7. Review for the students the process of their activity: They have determined what behaviors put them at risk and their consequences. Explain to them that they have completed the first steps in responsible decision making.
8. Involve the students in the next steps to responsible decision-making which leads to prevention. *See Teacher Information for responsible decision-making steps. Review responsible decision-making steps. Post steps on chart, chalk-board, bulletin board, etc.*

9. Use one of the risk behaviors from the student worksheet and the responsible decision-making model to involve students in the process of identifying the consequences and the prevention. Monitor student understanding by asking two-three students to explain the responsible decision-making process.
10. In groups or individually, ask students to use the responsible decision-making process to propose healthy behaviors that will prevent the consequences of the risks. *Involvement may include: role playing, small group discussion demonstration pairs.*
11. *Provide time for students to write definitions in Vocabulary Notebook.*
12. *Also provide time for students to write assignments into Vocabulary Notebook.*

Evaluation

Completion of the student worksheet activity. *Demonstration of use of responsible decision-making model.*

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADES 4-5

LESSON 1

The first lesson explores the importance of making healthy decisions and preventing risks. These are two key components in the prevention of many diseases including AIDS. Students will learn to identify risks and consequences in order to develop strategies for prevention. Responsible decision-making methods are presented as a foundation for the prevention of many risks and consequences students will be confronted with now and in the future. The concepts of risks, consequences and prevention are an important theme to reinforce throughout the entire unit.

RESPONSIBLE DECISION-MAKING

Listed below are the five steps of responsible decision-making. Present the information using vocabulary and phrases appropriate to the level and understanding of your students.

1. Identify the problem or situation.
2. Identify ways to deal with the problem.
3. Apply criteria for responsible decision making to each alternative:
 - Would the results of my decision be healthful?
 - Would the results of my decision be safe?
 - Would the results of my decision be legal?
 - Would the results of my decision show respect for myself and others?
 - Would the results of my decision follow my parents' or guardian's guidelines?
4. Make a responsible decision and act upon it.
5. Evaluate your actions.

Healthy Kids: Keeping Safe

GRADES 4-5

RISK, NO-RISK STUDENT WORKSHEET

Name: _____

Directions: Read the list of behaviors below. Decide if they are a risk or not a risk to your health by marking an X in one of the columns below.

After you have marked your answer, explain why you think it is or is not a risk to your health.

Activity	Risk	No Risk
1. Skateboarding <u>Explain your answer:</u>		
2. Drinking alcohol <u>Explain your answer:</u>		
3. Drinking pop <u>Explain your answer:</u>		
4. Sitting next to someone with AIDS <u>Explain your answer:</u>		

Activity	Risk	No Risk
5. Being a “couch potato” <u>Explain your answer:</u>		
6. Using tobacco <u>Explain your answer:</u>		
7. Using someone’s comb <u>Explain your answer:</u>		
8. Washing your hands with cold water <u>Explain your answer:</u>		
9. Visiting a friend who has chickenpox <u>Explain your answer:</u>		
10. <i>Add your own risk/no-risk faster behavior here.</i> <u>Explain your answer:</u>		

TEACHER'S KEY

Healthy Kids: Keeping Safe

GRADES 4-5

RISK, NO-RISK STUDENT WORKSHEET

Name: _____

Directions: Read the list of behaviors below. Decide if they are a risk or not a risk to your health by marking an X in one of the columns below.

After you have marked your answer, explain why you think it is or is not a risk to your health.

Answers may vary from student to student. Opinions should be supported by the explanation given.

Activity	Risk	No Risk
1. Skateboarding <u>Explain your answer:</u>		
2. Drinking alcohol <u>Explain your answer:</u>		
3. Drinking pop <u>Explain your answer:</u>		
4. Sitting next to someone with AIDS <u>Explain your answer:</u>		
5. Being a "couch potato" <u>Explain your answer:</u>		
6. Using tobacco <u>Explain your answer:</u>		
7. Using someone's comb <u>Explain your answer:</u>		
8. Washing your hands with cold water <u>Explain your answer:</u>		
9. Visiting a friend who has chickenpox <u>Explain your answer:</u>		
10. Add your own risk/no-risk faster behavior here. <u>Explain your answer:</u>		

Healthy Kids: Keeping Safe

GRADES 4-5

LESSON 2

COMMUNICABLE AND NON-COMMUNICABLE DISEASES

This lesson will take two or more days.

Objective

The learner will demonstrate the ability to comprehend the differences between communicable and non-communicable diseases.

Materials

Student Vocabulary Worksheet

Vocabulary

Disease*, virus*, epidemic, communicable and non-communicable', healthy carrier
(*Critical vocabulary)

Procedures

1. Introduce the purpose of the lesson, which is to discuss the specific consequences of risks and further categorize them into two groups of communicable and non-communicable diseases.
2. Write on the board or overhead:
Using someone's comb
Using tobacco.
3. Review with the students that these were two of the risks discussed in the previous lesson. Call on students randomly to give you possible consequences related to these risks that they learned about yesterday. (The possible spread of lice and lung disease or cancer.)
4. Tell students that these consequences can be put into one of the two groups: communicable and non-communicable diseases. Define disease on the board.
5. Ask 2-3 students which consequence, lice or lung disease can be passed from one person to another.
6. Use student responses to clarify and define communicable disease. Have students think of other communicable diseases. List their ideas on the board. Explain what a non-communicable disease is using the same strategies. Use communicable/non-communicable as specific headings written on board.
7. 7 Explain that lice, chickenpox and other diseases school children have can be an epidemic in schools. Write virus, epidemic and healthy carrier on the board. Define each term. Write definitions on the board.
8. Monitor understanding by asking students to verbally define (or explain) communicable, non-communicable, disease, virus, epidemic and healthy carrier to their partner.

9. Involve students in a discussion on how diseases are spread. Teach students ways diseases are spread - write on board ways/definitions. See Teacher Information, page 185.
10. Assign the student worksheet for individual or group completion. Allow class time to complete the assignment assisting students who have difficulty.
11. Allow time for students to write definitions into Vocabulary Notebook - only critical vocabulary. (See * vocabulary words)
12. Allow time for students to write assignments into Vocabulary Notebook.

Evaluation

Completion of the student worksheet with degree of accuracy determined by the instructor. *Retype or enlarge student worksheet so that writing spaces and print size are larger.*

TEACHER INFORMATION

Healthy Kids: Keeping Safe GRADES 4-5

LESSON 2

COMMUNICABLE VS. NON-COMMUNICABLE DISEASES

Communicable diseases are diseases that one person can give to another. Some examples include measles, the common cold, tuberculosis, and HIV. Communicable diseases are caused by infectious micro-organisms (germs) including viruses, bacteria, fungi and parasites. Not all infections are communicable (for example, appendicitis).

Non-communicable diseases are diseases that cannot be spread from one person to another. Some examples include heart disease, emphysema, diabetes, and most cancers. The cause of non-communicable diseases may be genetic (cystic fibrosis), environmental (sunlight and skin cancer), behavioral (seat belts and injuries), or multi-factorial, such as environmental and behavioral (smoking and lung cancer).

VIRUS

A virus is a sub-microscopic particle that has the ability to infect cells, the building blocks of plants and animals. Cells that are infected with viruses often die. When many cells become infected and die, the organism as a whole becomes sick. Viruses are capable of growth and reproduction only in living cells and thus are not considered to be truly alive. Viruses are thousands of times smaller than cells and millions of times smaller than people.

Viruses do not cause all infections. Many infections are caused by other germs, including bacteria, fungi or parasites. Some diseases that viruses do cause include measles, mumps, polio, common colds, and HIV.

EPIDEMIC

An epidemic occurs when the number of people with a specific disease increases suddenly in a community. An epidemic may occur when there is a new disease to which people are not immune (example - AIDS), or when conditions change in such a way as to make people more susceptible to an existing disease (example - the influenza epidemic that occurs each winter). Epidemics may be small and involve only a few people, or may be large and affect much of the world's population. In the past, large epidemics have usually been caused by communicable diseases, and have included tuberculosis, bubonic plague, and smallpox. Recent epidemics of communicable diseases in Oregon include hepatitis A, HIV, and Chlamydia.

Epidemics may also be caused by non-communicable diseases. In this century, as infectious diseases have become better controlled, other certain non-communicable diseases, have become epidemic. For example, lung disease and cancer have become epidemic as a result of an increase in the number of people smoking cigarettes.

HEALTHY CARRIER

Many diseases have a carrier state in which some infected persons never become ill but remain capable of transmitting their infection to others indefinitely. Examples of diseases with carrier states include typhoid fever (typhoid Mary is a famous carrier), hepatitis B, and HIV. Carriers are especially likely to unknowingly transmit their disease to large numbers of people.

WAYS DISEASES ARE SPREAD

Examples of how diseases spread include:

1. **AIRBORNE** - An infected person coughs or sneezes the germ into the air and another person breathes it in. Diseases such as the common cold, measles, and tuberculosis are spread this way.
2. **FECAL-ORAL** - An infected person's stool carries the germ and contaminates food or water that is eaten or drunk by another person. Diseases such as hepatitis A and viral gastroenteritis (inflammation of the stomach and intestines) are spread this way.
3. **DIRECT CONTACT** - A person with a skin infection spreads it by direct skin contact with another person. Diseases such as impetigo may be spread this way.
4. **VECTOR-BORNE** - A mosquito or other insect bites an infected person and carries the germ from the infected person's blood to the next person who is bitten. Diseases such as malaria are spread this way.
5. **SEXUAL** - The germ is spread from one person to another by sexual contact. Diseases such as syphilis, gonorrhea, hepatitis B and HIV are spread this way.
6. **BLOOD-BORNE** - Blood from an infected person gets into the blood stream of another person by blood transfusion or needle sharing. Diseases such as hepatitis B and HIV are spread this way.

**VOCABULARY WORKSHEET
GRADES 4-5**

LESSON 2

Name: _____

Directions: Complete the sentences below:

1. A communicable disease is:

2. List three (3) examples of communicable diseases
 - a.
 - b.
 - c.

3. A non-communicable disease is:

4. An epidemic occurs when:

5. The meaning of the term "healthy carrier" is:

Directions: Next to each example of how a disease spreads, write the name for the method and a disease that is spread in that way.

<u>Explanation of the way disease is spread</u>	<u>Name</u>	<u>Example</u>
Example: An uninfected person's stool carries the germ and contaminates food or water eaten or drunk by another person.	fecal-oral	hepatitis A

<u>Explanation of the way disease is spread</u>	<u>Name</u>	<u>Example</u>
1. An infected person coughs or sneezes germs into the air and another person breathes them in.		
2. Infection is spread by sharing needles used to inject drugs.		

TEACHER'S KEY

Healthy Kids: Keeping Safe VOCABULARY WORKSHEET GRADES 4-5

Name: _____

Directions: Complete the sentences below:

1. A communicable disease is:
a disease that one person can give to another.
2. List three (3) examples of communicable diseases
 - a. **Measles Tuberculosis**
 - b. **Colds Head lice**
 - c. **HIV Chlamydia, etc.**
3. A non-communicable disease is:
a disease that cannot be spread from one person to another.
4. An epidemic occurs when:
the number of people with a specific disease increases suddenly in a community.
5. The meaning of the term "healthy carrier" is:
an infected person who is not ill, but can transmit their infection to others.

Directions: Next to each example of how a disease spreads, write the name for the method and a disease that is spread in that way.

Explanation of the way disease is spread

Name

Example

Example: An uninfected person's stool carries the germ and contaminates food or water eaten or drunk by another person.

fecal-oral

hepatitis A

Explanation of the way disease is spread

Name

Example

1. An infected person coughs or sneezes germ into the air and another person breathes them in.

airborne

cold, measles

2. Infection is spread by sharing needles used to inject drugs.

blood-borne

hepatitis B/C, HIV

Healthy Kids: Keeping Safe

GRADES 4-5

LESSON 3 INFECTION CONTROL AND HANDWASHING

Objective

The learner will demonstrate the ability to comprehend the purpose of infection control and its procedures.

Materials

Transparency on Infection Control Guidelines

Vocabulary

Infection, disinfectant, injury

Procedures

1. Involve the students in a review of communicable versus non-communicable diseases and how diseases spread. A partner or group review is suggested. Do a vocabulary review with words and definitions posted or use Vocabulary Notebooks.
2. Tell the students that the purpose of today's lesson is to learn more about how they can prevent the spread of diseases or infections as well as protect themselves. This process is called infection control. Write infection control on the board.
3. Involve students in a brainstorming session on ways to control infections. List their ideas on the board and add other ideas to the list from the Teacher Information.
4. Emphasize the importance of handwashing in general infection control by involving the students in a handwashing practice session as described in the Teacher Information.
5. After the demonstration, tell students that giving first aid is another part of infection control. Call on 2-3 students to describe or demonstrate what they would do if one of their friends was cut and bleeding in class. Use the transparency to focus on key components of infection control and first aid providing students the opportunity to add their own ideas. Review importance of caring for own cuts/nose bleeds when possible. Run off transparency as a handout that they can put into their Vocabulary Notebook.
6. With a partner or individually, have students list 3 places that infection control information should be used and posted. Discuss as a class the different responses. List class ideas on board or overhead.

7. Assign students individually, in pairs or small groups, the task of developing a visual on infection control. It can be in the form of a poster, pamphlet, media campaign or any other creative idea appropriate for the intended setting. Post visual aids at appropriate places around the school. Playground, Bathrooms, Classrooms - sinks, by first aid kits, Cafeteria, Health Room, Office.
8. Allow time for students to write definitions into Vocabulary Notebook.
9. *Allow time for students to write assignments into Vocabulary Notebook.*

Evaluation

Evaluate accuracy of procedures listed in the visual and appropriateness of setting selected.

Optional Activity

Review/expand basic first aid information.

Resources

School Nurses

May want to reference regular health curriculum

Local/county Nurses

TEACHER INFORMATION

Healthy Kids: Keeping Safe

GRADES 4-5

LESSON 3

IMPORTANCE OF INFECTION CONTROL

Infection control measures are the measures that one person can take to prevent getting or giving a communicable disease to another person. Infection control measures are usually quite simple, such as washing one's hands before preparing a meal, covering one's mouth when coughing or sneezing, or wearing gloves when touching blood that has come from someone else. Although infection control might seem to be most important when people are known to be sick (such as in hospitals), in reality, infection control must be practiced everyday by everyone. This is because communicable diseases are usually most infectious either before or just as affected persons develop symptoms, when they do not yet know that they are ill. Thus, by the time one realizes that someone has a communicable disease, he or she probably has already been exposed to the infection unless good infection control has been used.

EXAMPLES OF WAYS TO CONTROL INFECTIONS

1. Wash hands before meals.
2. Cover mouth when coughing or sneezing.
3. Wash hands before preparing food.
4. Stay home when sick.
5. Dry feet after taking a shower.
6. Don't drink untreated water.
7. Don't eat uncooked meat.

HANDWASHING

Handwashing is one of the most important ways to practice infection control. Students need to learn about handwashing and have an opportunity to practice all of the steps.

To demonstrate the proper procedures for handwashing, you can verbally instruct students how to wash their hands while they sit at their desks. They can pretend they are at a sink doing each action as it is directed, or you may want to take groups of students to the sink and give them the opportunity to wash their hands with soap and water. Whatever method used, the steps to follow include:

1. Use soap and running water.
2. Rub hands vigorously.
3. Wash all surfaces, including:
 - backs of hands
 - wrists
 - underneath fingernails
4. Rinse well.
5. Dry hands with paper towel.
6. Turn off the water using a paper towel instead of bare hands.

These procedures should be incorporated before meals, after recess, after using the bathroom, after coughing and sneezing and after assisting in first aid.

ASK STUDENTS WHAT THEY WOULD AND WOULD NOT DO IF SOMEONE CUT THEMSELVES IN CLASS

Another way people can be exposed to viruses is by coming in contact with infected blood while providing first aid. The risk of infection by this means is very low, and can occur only if the blood from the infected person can get through a break in the skin, such as a cut, open sore, or chapped area. Nevertheless, steps should be taken while providing first aid to avoid direct skin contact with blood.

Precautions with first aid cannot be limited to just those who are known to be infected. It is important to remind students that most persons infected with HIV and the hepatitis B virus are not sick and do not know that they are infected. Therefore, the same precautions must be used when giving first aid to everyone.

PRECAUTIONS FOR GIVING FIRST AID

When giving first aid to someone with a bleeding injury, steps should be taken to avoid direct contact with blood. These precautions apply to giving first aid to anyone, not just persons who are known to have an infection. Younger students should seek help from an adult before giving first aid.

The precautions include:

1. Persons giving first aid should use a first aid kit that includes a pair of plastic or rubber gloves.
2. Persons giving first aid should put on the gloves before having contact with blood, unless harm would come to the injured person because of a delay in getting and putting on the gloves.
3. After giving first aid, all disposable items contaminated with blood should be placed in a plastic bag, which is tied shut and put in a wastebasket or trash can. Remove soiled gloves without touching the contaminated surface with bare hands.
4. Any clothes contaminated with blood should be laundered or dry-cleaned.
5. Any blood spilled on the floor, desks, or other surfaces should be cleaned up with soap and water. Then the surfaces should be disinfected and allowed to air dry. Any cleaner/disinfectant with an EPA number may be used. Example includes fresh household bleach.
6. All persons providing first aid and cleanup should wash thoroughly with soap and water as soon as possible after finishing the task.

BRAINSTORM PLACES WHERE INFECTION CONTROL SHOULD BE PRACTICED

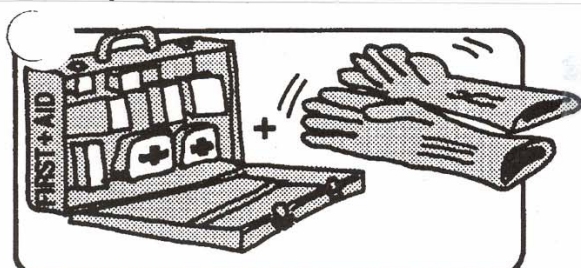
The message here is that the first aid precautions should be used everywhere. Certainly there are some settings where the risk is lower (elementary school classroom poses less risk than a sexually transmitted diseases clinic setting). However, there is no setting where the risk is zero. The consequences of an exposure are so serious (it only takes **one** time) that the precautions are justified even in the lower risk settings.

Examples of specific places where infection control should be practiced include:

1. Hospitals
2. Worksites, homes
3. Schools, especially in athletics where bleeding injuries may occur.
4. Parks, shopping malls and other public places.

INFECTION CONTROL

The precautions include:



1. Persons giving first aid should use a first aid kit that includes a pair of plastic or rubber gloves.



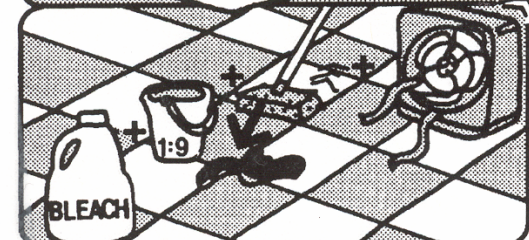
2. Persons giving first aid should put on the gloves before having contact with blood, unless harm would come to the injured person because of a delay in getting and putting on the gloves.



3. After giving first aid, all disposable items contaminated with blood should be placed in a plastic bag, which is tied shut and put in a wastebasket or trash can.



4. Any clothes contaminated with blood should be laundered or dry-cleaned.



5. Any blood spilled on the floor, desks, or other surfaces should be cleaned up with household bleach.



6. All persons providing first aid and cleanup should wash thoroughly with soap and water as soon as possible after finishing the task.

Healthy Kids: Keeping Safe

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LESSON 4

AIDS: A COMMUNICABLE DISEASE

Objective

The learner will demonstrate the ability to explain how HIV affects the immune system.

Materials

Transparencies on AIDS Definition, AIDS Iceberg, Hippopotamus

Vocabulary

Immune system*, antibodies, germs*, AIDS*, human immunodeficiency virus (HIV)*, white blood cells (*Critical vocabulary)

Procedures

1. Review vocabulary learned in Lessons 1-3, by asking groups to quiz each other on definitions. *Use Vocabulary Notebooks for assistance.*
2. Tell the students that the purpose of today's lesson is to learn more about a specific communicable disease known as AIDS. *Write AIDS on the board or use transparency.*
3. Review and/or introduce the function of the immune system emphasizing how bodies provide infection control against viruses and germs. *Use visuals and information from health books/curriculum.*
4. Monitor student understanding of the immune system through the activity described in the *Teacher Information*. *Or have students illustrate/tell how immune system works on a simple level.*
5. Tell students that AIDS is caused by a virus that attacks the immune system. Write human immunodeficiency virus (HIV) on the board and describe its effect on the immune system. *Write the description of its effects on the board/overhead.*
6. Use the AIDS transparency to explain the AIDS acronym. Help students break apart the words and practice their pronunciation. Involve students in the lesson by asking them what they know *about AIDS*. *Write their ideas on the board/overhead. Tie Immunodeficiency to immune system; make connection for them.*
7. Use the iceberg or hippopotamus transparency to discuss the large percentage of HIV infected persons who are healthy carriers compared to the small population that has progressed to the *disease AIDS*. *Review definition of healthy carrier and relate it to other diseases, e.g. strep, staff infections.*

Have each student describe to a partner in his or her own words the meanings of each vocabulary word covered in this lesson. Then give students time to write the definitions in their notebook or list.

8. Monitor student understanding of HIV and its effect on the immune system by involving students in the second activity described in the Teacher Information.

Evaluation

Participation in the two-student activities with criteria determined by the instructor.

TEACHER INFORMATION

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LESSON 4

THE IMMUNE SYSTEM

The immune system protects the body from infection. Barriers such as skin and mucous membranes (linings of the inside of the mouth, nose, etc.) that prevent germs from entering the body are an important part of the immune system. Another important part of the immune system is, the white blood cell. White blood cells are microscopic and circulate throughout the body' in the blood stream. There are many types of white blood cells. Different types have different functions such as engulfing ("eating") bacteria or producing antibodies, which are substances that help kill germs like viruses and bacteria.

ACTIVITY 1 - HEALTHY IMMUNE SYSTEM

Roles:	Immune System	6-8 students
	Germs	2-3 students
	Antibodies	2-3 students
	Narrator	1 student

Students can use body movement to demonstrate the function of a healthy immune system. Tell students to act out how the immune system works. Split students into groups and have them select their roles. They can form an immune system circle by joining hands. The narrator can stand inside this circle to symbolize how a person's immune system protects one from illness. As germs approach the immune system, persons playing antibodies go out, attach to them, and bring them back to the immune system. As long as the immune system remains intact (the circle remains unbroken) the immune system is able to kill the germ when it comes in contact with it. The immune system remains intact and the person maintains his or her health.

HUMAN IMMUNODEFICIENCY VIRUS

Human immunodeficiency virus (HIV) is the name of a virus that is able to infect and kill white blood cells. If enough of these cells are killed, the infected person is no longer able to fight off infections. Eventually, even relatively harmless germs that exist normally in the human body are able to cause life-threatening illnesses. When this happens the person is said to have acquired immunodeficiency syndrome, or AIDS.

SYMPTOMS OF AIDS

The symptoms of AIDS develop as HIV progressively kills white blood cells and the immune system' becomes unable to fight off infections and other illnesses. A person is said to have AIDS when they - develop one of several specific conditions that indicate severe immune system impairment. Most commonly, these specific conditions are infections caused by bacteria or other micro-organisms that normally live in the body but are unable to cause illness when the immune system is working normally. These organisms take advantage of a special circumstance or opportunity

to cause disease, and thus the infections they cause are often called "opportunistic" infections. In persons with AIDS, these infections are usually life-threatening.

SPECTRUM OF DISEASE CAUSED BY HIV

An iceberg metaphor or the hippopotamus can be used to help, explain the types of illness caused by HIV. It is best to discuss the AIDS cases first as the "tip of the iceberg" or the part of the hippopotamus that is out of the water. AIDS cases represent only a small portion of the infected population. There is the large percentage of persons, "under the water," who are infected with HIV, but who do not have symptoms of AIDS, and thus are carriers. As the epidemic progresses, carriers may develop AIDS. As these people move to the tip of the iceberg or the part of the hippo above water, more HIV-infected people replace them below. There are always many more HIV-infected people than there are people with AIDS. As our history and knowledge of HIV infection has increased over time, so has our estimate of the incubation period, that is, the length of time it takes from becoming infected to a diagnosis of AIDS. The average' incubation period for AIDS is 910 years in adults and 4+ years for children.

ACTIVITY 2 - THE EFFECTS OF HIV ON THE IMMUNE SYSTEM

Roles:	Immune System	5 students
	HIV	3-4 students
	Antibodies	5 students
	Germs	2-3 students
	Narrator	1 student

This activity demonstrates what HIV does to the body. Use the same methods as described in the first activity. Have students who play the immune system assemble in a circle joining hands. They surround the narrator who is protected by the immune system. HIV players attach to persons playing the immune system and these persons die. The circle is broken. Now, have germs approach the immune system. Antibodies go out, attach to the germs, and bring them back. However, because the immune system is no longer intact, it has lost the power to kill the germs, and they can go through the breaks in the circle to the narrator.

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GRADES 4-5

LESSON 5

HIV RISK AND A PERSONAL PLAN OF PREVENTION

Lesson may take more than one day.

Teacher Note

The identification of risk behaviors, consequences and prevention has been the theme throughout this unit. Information about HIV infection and the disease AIDS, should also be presented within this same context. Before teaching this lesson, evaluate the readiness of your students for content and vocabulary.

Objectives

The learner will demonstrate the ability to:

- Comprehend how human immunodeficiency virus is spread.
- Explain how HIV infection and AIDS can be prevented.

Materials

Transparencies on HIV spread and prevention

Vocabulary

Sexual contact, fetus, abstinence, monogamy

Procedures

1. Review with students concepts previously learned related to this lesson such as **risk, consequence, prevention** and **ways diseases are spread**. *Write on board/overhead.*
2. Explain that the purpose of this lesson is to look at specific risks in the spread of HIV and how HIV infection can be prevented.
3. Involve the students in the discussion of how HIV is spread and not spread using the transparencies provided.
4. Introduce the concept that high risk behaviors transmit HIV. Tell the students two high risk behaviors associated with the transmission of HIV. *See teacher information on page 205. Should include blood contact in addition to drug use and sexual contact.*
5. Read aloud the reasons why people may engage in high risk behaviors. Discuss as a class examples and ideas on each reason as they are listed. *See page 206 in teacher information. May want to have student generate ideas first, then teacher add any that are left out.*
6. Reintroduce how responsible decision-making and refusal skills are also used to prevent the spread of HIV. *Review responsible decision-making steps and refusal skills first.*

7. Involve the students in the discussion of how to prevent the transmission of HIV. Give students time to add their own ideas to the discussion and transparencies. Carefully monitor their understanding of prevention concepts such as abstinence and monogamy.
8. Tell students to explain to a partner three ways HIV transmission can be prevented.
9. Give a writing assignment requiring students to develop a personal plan of prevention. The criteria for their assignment could include ideas on risk behaviors, risk reduction, how to prevent the spread of HIV and their strategies for a personal plan of prevention. *Grade on content not writing skills.*
10. Give students time to write vocabulary in Vocabulary Notebook.
11. Give students time to write assignments in Vocabulary Notebook.

EVALUATION:

Students completing the assignment and addressing the criteria should be favorably graded. Clarity and completeness of facts could also be weighed. Ask several students to share their pledges or post student pledges on a bulletin board.

TEACHER INFORMATION

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LESSON 5

HOW HIV IS SPREAD

HIV is found in blood, semen, breast milk and vaginal/cervical secretions of infected persons. Consequently, contact with one of these fluids can result in becoming infected with HIV. The most common way that HIV is transmitted is by sexual contact. The second most common way that HIV is transmitted is by the sharing of needles for injecting drugs that have become contaminated with blood of a drug user who is infected. A third way that HIV can be transmitted is through the blood of an infected mother to her unborn child. In the past, some people who received blood transfusions developed AIDS because the person who donated the blood was infected with HIV. Since 1985, all blood donated in this country has been tested for HIV infection. Blood that is found to be infected is discarded and is not transfused.

HOW HIV IS NOT SPREAD

HIV is spread from one person to another one by sexual or blood contact. HIV has not been spread by other types of contact that are more casual in nature. Scientists have studied whether persons who have lived in the same house as someone with AIDS are also at risk for getting AIDS. These persons have shared meals, bathrooms, and have hugged and kissed AIDS patients. In spite of this direct contact (often for many years), these household contacts have not become infected with HIV. If HIV is not spread within households, then it is not spread in other settings in which there is less direct contact, such as schools or businesses.

There is no evidence that mosquitoes or other biting insects can spread HIV infection. There has been no evidence of transmission through tears and saliva. HIV is easily destroyed by heat, disinfectants, and drying. Sitting next to a person with AIDS, **donating blood**, holding hands, or using telephones or public restrooms do not put you at risk for AIDS.

THE TWO RISK BEHAVIORS THAT TRANSMIT HIV AND THEIR CONSEQUENCES

It is critical for students to understand that the spread of HIV results from behaviors that individuals control. **Individuals may avoid exposure to HIV by avoiding the behaviors that present a risk.** Information should be clearly and sensitively presented.

High-risk behaviors for HIV infection are those that involve the exchange of blood or sexual fluids.

Drug Use

Drug use poses unacceptable **RISKS** to one's health and quality of life.

CONSEQUENCES of drug use include overdosing, engaging in risky behaviors as a result of impaired judgment, infections of the skin and heart, and criminal activity to support the habit. Sharing needles either for drug use or other purposes (such as injecting steroids, or tattooing or "branding") mean additional **RISKS**. If needles are shared, the **CONSEQUENCES** can also include hepatitis B and HIV infection.

Sexual contact is the main method of transmission for HIV. As the number of partners increases, **RISK** increases. The **CONSEQUENCES** of having sex with multiple partners can include AIDS, other sexually transmitted diseases, and unwanted pregnancies. Remember that it is not always possible to determine if someone is infected with HIV.

WHY PEOPLE ENGAGE IN THESE HIGH RISK BEHAVIORS

Ideas for this could include:

1. The person doesn't understand that the behavior is high risk.
2. The person knows that the behavior is high risk, but believes that risk only applies to other people.
3. The person doesn't care about the risk because he or she has little sense of self worth.
4. The person is taking so many other kinds of risks that this risk seems small. For example, the - drug user is taking risks of overdose, addiction, and other kinds of infections. The risk **of AIDS** may seem small in comparison.
5. The person is afraid to refuse involvement because others may think he or she is chicken or prudish.
6. The person is more interested in doing what they want to do now rather than in worrying about long term health consequences.
7. Established behaviors are difficult to change.

PREVENTIVE MEASURES-BLOOD CONTACT

Infected blood that carries HIV may be injected into an uninfected person by the sharing of needles, razors, tattoo instruments, or anything else that can puncture skin. Using responsible decisions and saying no to drugs is the best way to prevent getting HIV infected by blood exposure. Some IV drug users are learning how to clean and sterilize their needles to prevent AIDS, but this has to be done properly and consistently to be effective. Similarly, razors, tattoo instruments, and ear-piercing instruments should not be shared unless they are sterilized between use. There is no risk, in donating blood since all equipment is already sterile and is used only once.

PREVENTIVE MEASURES-SEXUAL CONTACT

People who care for each other can still show their affection without worrying about HIV infection. Touching, holding hands, hugging and social kissing are ways of showing affection that do not pass the virus because they do not involve the exchange of blood or other infectious body fluids.

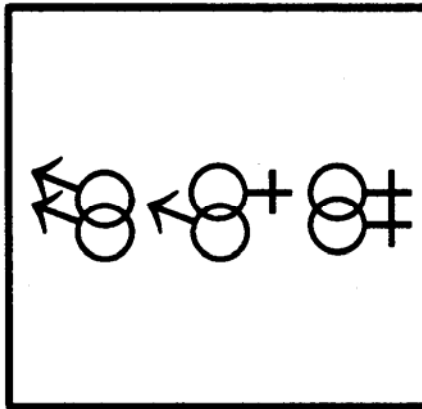
Since we have learned that HIV is transmitted from an infected person to an uninfected person during sexual contact, all people who do not want to become infected need to adopt the appropriate sexual behaviors. The practices below are listed in order of most effective to least effective.

- a. **Abstinence** - If a person does not have sexual relations with another person, then he or she will not-get HIV or other sexually transmitted diseases. The benefits of abstinence can include feeling good about self for taking responsibility, gaining respect from others, showing respect of others and

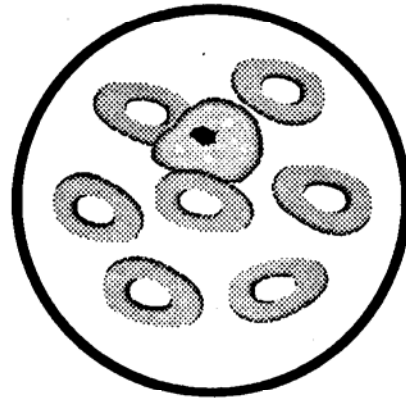
allowing a person to set and fulfill important life goals.

- b. **Monogamy** - If neither partner in a relationship has ever had other sexual contact and neither has been infected by other risk behaviors such as injection drug use, then the couple does not have to worry about exposure to HIV or other sexually transmitted diseases. If one partner goes outside of the relationship and has unprotected sexual contact with an infected person, he or she can bring the infection back to their relationship.

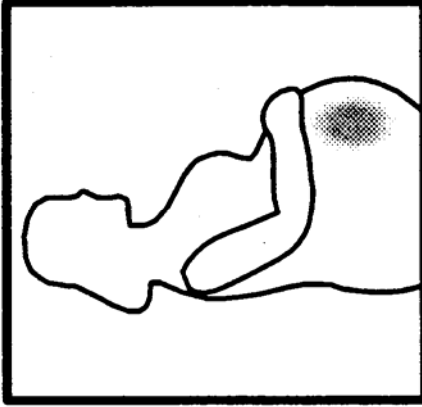
HIV IS SPREAD BY:



UNSAFE
SEXUAL
CONTACT



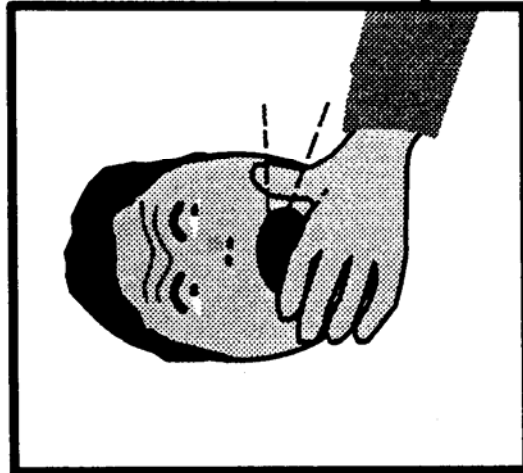
INFECTED
BLOOD



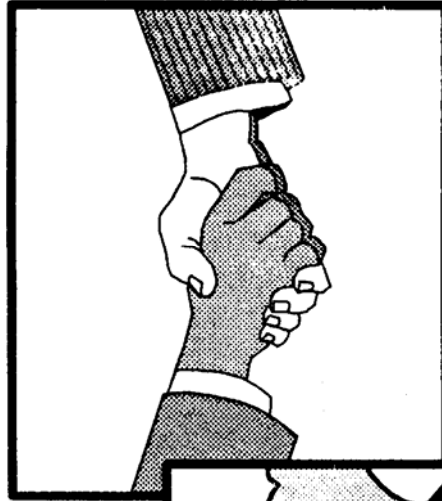
INFECTED MOTHER
TO FETUS OR
NEWBORN

HIV IS NOT SPREAD BY:

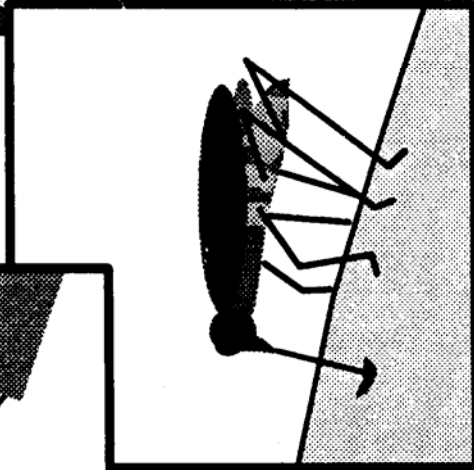
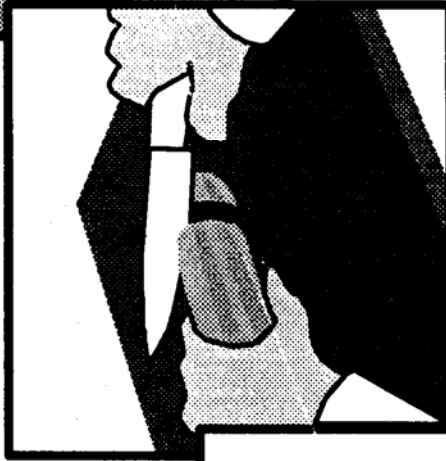
Coughs/
Sneezes



Handshakes

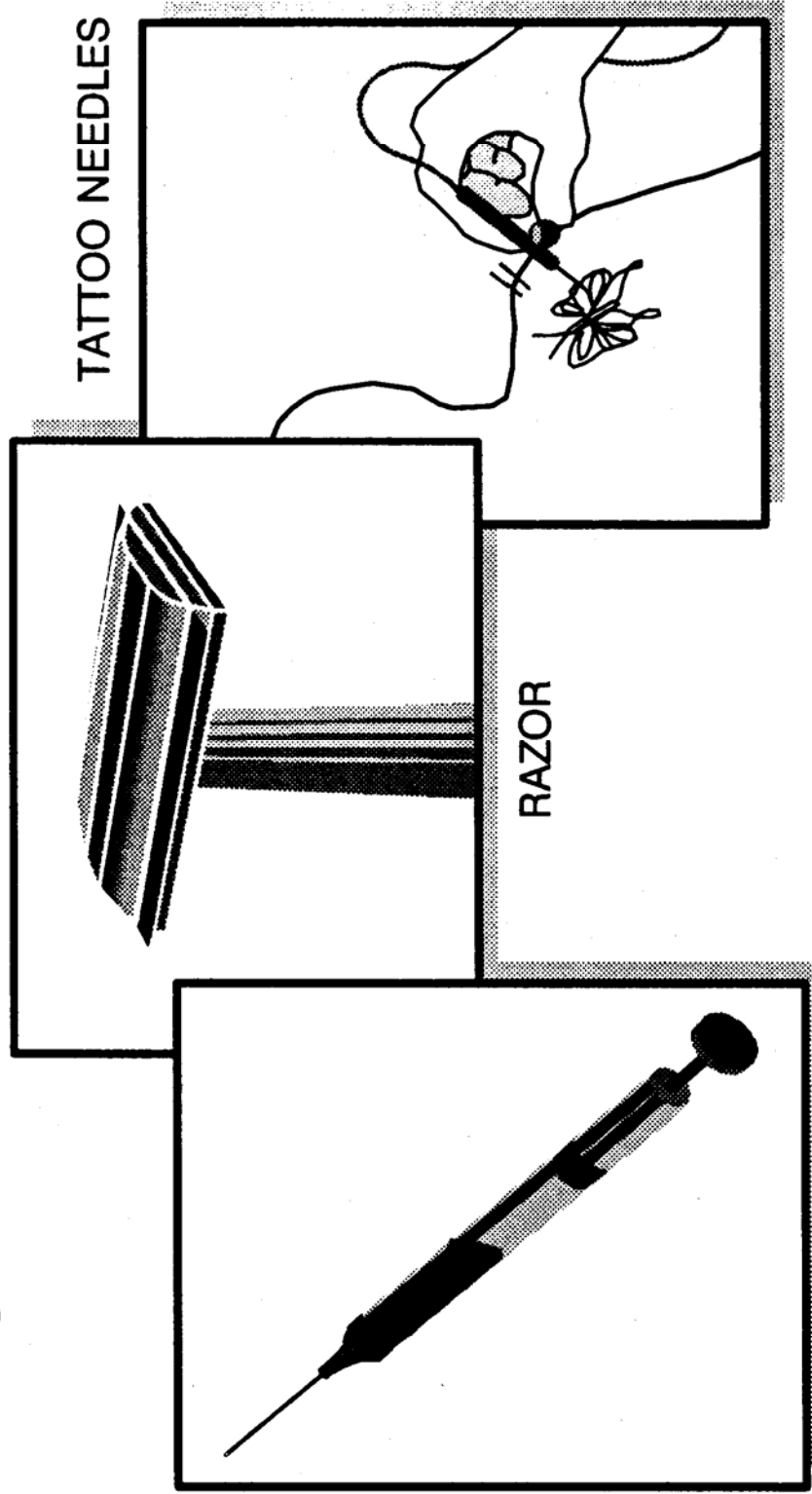


Food
Handlers



PREVENTIVE MEASURES: BLOOD

DON'T SHARE

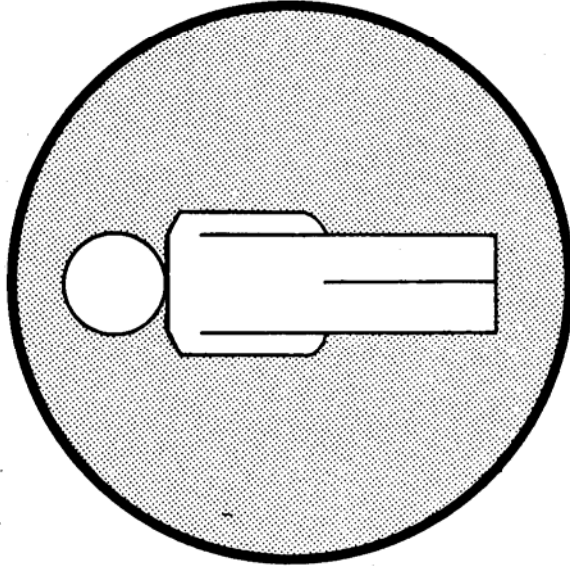


...Any Sharp Instruments

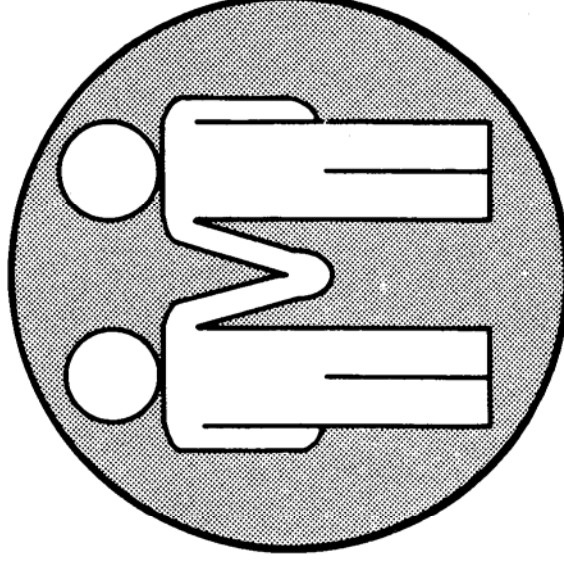
HYPO NEEDLES

Preventive Measures:

Sex



ABSTINENCE



MONOGAMY

Healthy Kids: Keeping Safe

GRADES 4-5

LESSON 6 DEVELOPING HEALTHY ATTITUDES

Objectives

The learner will demonstrate the ability to:

- Evaluate information on HIV disease and community response to persons with AIDS.
- Explain his or her feelings about persons infected with HIV or who have AIDS.

Materials

Newspaper articles, evaluation worksheet

Vocabulary

United, petition, alternative, circulating, confidential*, hemophiliacs*, statistics, pending, lawsuit, prospect, options*, sterile, quarantine, discriminating*, emotional*, testimony, unafflicted, enlightened, contingencies, lurk (* *Critical words*)

Procedures

1. Tell the students the purpose of today's lesson is to learn safe, healthy attitudes towards people who have AIDS. Explain that it could be possible to someday have a classmate that is infected with HIV or has AIDS. This lesson will help students choose attitudes and behaviors based on facts, not fear.
2. Discuss and define vocabulary from the newspaper articles having students write the words and definitions in their vocabulary lists. *Have students write critical vocabulary words only.*
3. Give students the news articles to read and discuss in small groups. Questions to guide discussion could include how the two communities handled the situation and why it was handled differently in Glide. *Articles could be read aloud to student by another student or tape recorded for their listening.*
4. Briefly involve each group in a general class discussion to go over their ideas and feelings.
5. List on the board or overhead reasons why people might be afraid of a person with AIDS. Have students describe to a partner what they would say to someone that is afraid to have a person with AIDS in their class. List student ideas on the board and discuss as a class. *See Teacher Information.*
6. Involve the students in a discussion on positive attitudes and non-discriminatory behavior. Emphasize the importance of interacting with classmates fairly and in a friendly manner. *List student ideas on board/overhead.*
7. Assign the evaluation worksheet individually or in groups. Give time for sharing of ideas to add closure to the activity.

8. When students have finished their written assignment, give them the opportunity to review unit information in preparation for the Post- Assessment Survey. *Read post assessment aloud one item at a time.*

Evaluation

Clarity of information and opinion supported by facts in the student worksheet could be criteria for evaluation. Degree of accuracy for evaluation of the Post-Assessment Survey should be determined by each instructor.

TEACHER INFORMATION

Healthy Kids: Keeping Safe GRADES 4-5

WHY PEOPLE ARE AFRAID OF AIDS

There are two epidemics related to HIV infection: AIDS and "AFRAIDS" (A Fear Regarding AIDS). "AFRAIDS" is caused by a lack of information. Many people who think persons with AIDS should be quarantined do not understand that HIV is only spread through sexual contact or through exposure to blood. They believe that HIV is spread through casual contact. People who are afraid of AIDS do not know how fragile HIV is and that infection can be prevented by choosing healthy behaviors.

The only way to fight both AIDS and "AFRAIDS" is by education. If a person is educated about how to prevent AIDS, they will realize that they have the ability to control their behaviors and potential risk for infection. This will result in an appropriate, discrimination-free response to persons with AIDS or HIV infection.

ASK STUDENTS TO DESCRIBE WHAT THEY WOULD SAY TO SOMEONE THAT IS AFRAID TO HAVE A PERSON WITH AIDS IN THEIR CLASS.

Responses might include the following:

1. AIDS is not spread by casual contact.
2. You cannot get AIDS by sitting next to someone that has AIDS or is HIV positive.
3. You do not need to be afraid to touch someone with AIDS or share supplies with them. HIV is very fragile, does not have the ability to "jump off" surfaces onto a person and is spread only in specific ways.
4. The AIDS virus is only spread through sexual contact and through exposure to blood. The type of behaviors that spread the virus would not take place in a school or classroom setting.

Healthy Kids: Keeping Safe

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NEWS ARTICLE

*Excerpts from a column by
Mary Martin of The News-Review*

A strongly united group of parents urged the Roseburg School Board Wednesday night to keep two children with the AIDS-related virus out of Winchester Elementary School.

An overflow crowd of 60, mostly parents of Winchester students, heard Douglas County Health Officer Dr. Sharon Thrall tell them, the risk of AIDS being transmitted in a school setting is virtually zero..."

Twelve audience members spoke one by one to the board, delivered a single message: They didn't want to take that chance.

DeEdra Dillon, who delivered a petition signed by 200 adults, asked that a separate space be provided for teaching the infected students. The petition reads: We, the undersigned residents of School District Number Four, are petitioning the school board, the school administration, and the parents of the two students who have tested positive for the AIDS-related virus to find an alternative to teaching these students in the public school." Dillon and another parent, Laurie Baker, said they began circulating the petitions Monday. They call their group "Concerned Parents."

The names of the two boys, one who has AIDS and the other who tests positive to the human immunodeficiency virus (HIV), have been kept confidential. They are brothers who are both hemophiliacs and contracted the virus through blood products used to help clot their blood. They have been scheduled to enter Winchester classrooms Monday. Their grade levels are also kept confidential.

Although the overall tone of the meeting was polite, anger surfaced repeatedly. Dr. Thrall was interrupted by loud talk. One man said, "Don't give us statistics." Parent

Richard Edera brought up the possibility of "200 parents keeping their kids home." Parent Vicki Linderman asked the board, "What are you going to do when a child has blood to blood contact? What will you do to protect yourself against my pending lawsuit?" The prospect of transmission by blood worried several parents.

"You can't be there every minute," said Edera. "There's no such thing as a recess that isn't contact sports."

Another parent, Greg Linderman, reacted to information from Thrall: "It's not what we do know; it's what we don't know that scares the heck out of me."

Parent Gordon Smith asked, "What options do we have as parents to go to other schools?"

Winchester area resident Jerry Stine asked about the possibility of creating a sterile classroom at Winchester School. And Peggy Matthews said, "I can't care about those kids; I have to care about my kids."

Jeff Wikstrom, a parent whose children attend another public school, said, "I think what we have to talk about is quarantine. These kids ought to be home... It's too bad they have it; we're not discriminating against them..."

Stenbeck, responding during several tense moments during the evening, said, "Try to remember, this is not us against them. I hope we are all friends united to help our children."

Hall labeled the parents' testimony "responsible concern" but reminded parents that although "Zero risk does not exist in infectious disease," HIV has never been known to spread by casual contact."

After about an hour of emotional testimony from the audience, School Board President Stenbeck told them, "The School Board has your interest at heart. We have done our research... In any decision, were at risk in regard to a lawsuit. We must protect the rights of all students."

Healthy Kids: Keeping Safe

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NEWS ARTICLE

IN GLIDE, CLASS AND CARING

Two brothers returned to Glide Elementary School this week. The boys are both hemophiliacs who carry the AIDS virus as a result of earlier blood transfusions. So far their school days have been full of the classroom lessons and playground games that other, unafflicted children experience.

And the community of Glide deserves a lot of credit for that. It could have been otherwise.

From the time Glide school officials first learned of the infection last spring, their response has been consistently enlightened and responsible. They have demonstrated compassion for the infected boys and concern for the health and wellbeing of the entire community, parents and students alike.

There were community forums to educate parents and the larger public on the ABC's of AIDS. There were training sessions for teachers and other staff. Guidelines were established; contingencies considered. Classroom to classroom went medical experts and

counselors to address the questions of children about a disease adults do not yet understand.

Worry, fear and even ugliness will lurk in any community confronting AIDS in its schools. Glide could hardly be an exception. But, if the first days of school at Glide Elementary are any indication, the lessons and examples of school personnel paid off.

Classmates welcomed the boys back to their classrooms and more. As correspondent Dana Tims wrote Wednesday in The Oregonian, On the playground... the older boy's peers have redesigned the rules of their touch football games to allow him always to play quarterback and throw the ball, rather than having to risk the chance of being cut or hit by catching it."

In Glide, that's what friends are for.

Oregonian-Oct. 87

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STUDENT REVIEW OF NEWSPAPER ARTICLES

Name: _____

Directions: Read the questions or statements below. Write how you feel (an opinion) about the two newspaper stories by answering each question or statement.

1. Why do you think some parents in Roseburg wanted to keep two children with HIV out of Winchester Elementary?
2. Based on the second news story, how did Glide deal with the two children with HIV in their school?
3. Based on what you know about AIDS and HIV, use this information to describe how you feel about students with AIDS going to school.
4. Write three positive things you would do for a student that has an illness such as AIDS. 218

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POST-ASSESSMENT SURVEY

Name: _____

Directions: Please circle T (True), F (False) to answer the statements below.

- T F 1. People take risks that can harm their health.
- T F 1. Communicable diseases are diseases that one person can give to another person.
- T F 2. A cold is a non-communicable disease.
- T F 3. Washing your hands can keep you healthy.
- T F 4. The immune system protects the body from infections.
- T F 5. AIDS is caused by a virus.
- T F 6. HIV is the virus that slowly destroys the body's ability to fight infections.
- T F 7. HIV, the virus that causes AIDS, can be spread by handshakes and hugs.
- T F 8. HIV can be spread from an infected person to an uninfected person by sharing needles.
- T F 9. AIDS can be cured.
- T F 10. AIDS can be prevented.

Write two to three sentences to answer the statements below.

11. What do you think *Healthy Kids: Keeping Safe* means?

12. List three ways you can stay healthy.

- a.
- b.
- c.

TEACHER'S KEY

Healthy Kids: Keeping Safe
GRADES 4-5

POST-ASSESSMENT SURVEY

Name: _____

Directions: Please circle T (True), F (False) to answer the statements below.

- (T) F 13. People take risks that can harm their health.
- (T) F 14. Communicable diseases are diseases that one person can give to another person.
- T (F) 15. A cold is a non-communicable disease.
- (T) F 16. Washing your hands can keep you healthy.
- (T) F 17. The immune system protects the body from infections.
- (T) F 18. AIDS is caused by a virus.
- (T) F 19. HIV is the virus that slowly destroys the body's ability to fight infections.
- T (F) 20. HIV, the virus that causes AIDS, can be spread by handshakes and hugs.
- (T) F 21. HIV can be spread from an infected person to an uninfected person by sharing needles.
- T (F) 22. AIDS can be cured.
- (T) F 23. AIDS can be prevented.

Write two to three sentences to answer the statements below.

24. What do you think *Healthy Kids: Keeping Safe* means?
Students responses will vary.

25. List three ways you can stay healthy.

- a.
- b.
- c.

Healthy Kids: Keeping Safe

GRADES 4-5

EXTENDED ACTIVITIES FOR STUDENTS

1. Develop an AIDS prevention media campaign creating television and radio commercials, posters or newspaper articles.
2. Make brochures or pamphlets about saying no to sex and/or drugs.
3. Research information on an AIDS related topic of one's choice.
4. Write a short play about a child with AIDS in school.
5. If the school has a newspaper, write an article about the prevention of HIV infection and/or AIDS.

Healthy Kids: Keeping Safe

CURRICULUM RESOURCES

Healthy Kids: Keeping Safe

Brad Victor
Oregon Department of Education
Sexuality Education Programs
255 Capitol St. NE
Salem, OR 97310-0203
Ph: (503) 378-3600, ext. 2712

PAMPHLETS, VIDEOS AND SUPPLEMENTAL MATERIALS

- AIDS Community-Based Organizations - http://www.opahec.org/hiv/hiv_members.html
- American Red Cross, Oregon Trail Chapter - <http://www.redcross-pdx.org/>
- Cascade AIDS Project - <http://www.cascadeaids.org/>
- Oregon Health Department HIV Program - <http://egov.oregon.gov/DHS/ph/hiv/index.shtml>
- Education Service Districts - <http://www.osba.org/edlinks/esds.htm>
- HIV Alliance - <http://www.hivalliance.org/>
- Local Television Stations - <http://www.injuredworker.org/TV.htm>
- Oregon Department of Education's HIV/AIDS Webpage - <http://www.ode.state.or.us/opportunities/grants/hklb/hiv-aids/>
- Oregon Department of Human Services-Health Services - <http://oregon.gov/DHS/aboutdhs/structure/hs.shtml>
- Oregon State Library - <http://oregon.gov/OSL/>
- Planned Parenthood of Columbia-Willamette - <http://www.pphsso.org/clinics/hiv.htm>
- Southern Oregon AIDS Resource Center - <http://www.hivroseburg.org/hivlinks.htm>
- Oregon School District Libraries

Healthy Kids: Keeping Safe

OREGON RESOURCES FOR HIV/AIDS INFORMATION

COUNTY	ORGANIZATION/ADDRESS	PHONE
Benton	Valley AIDS Information Network PO Box 971 Corvallis, OR 97339 web: http://www.region4wib.org/ValleyAIDS.htm	(541) 752-6322
Clackamas	Clackamas Co AIDS Relief Effort 4790 SE Logus Rd Milwaukie, OR 97222 web: http://www.neighborhoodlink.com/org/ccare/	(503) 653-8738
Clatsop	Clatsop Co AIDS Coalition PO Box 445 Astoria, OR 97103	(503) 325- 4711
Columbia	AIDS Prevention Team PO Box 995 St. Helens, OR 97051	(503) 366-2839
Coos	Gay & Lesbian Outreach Network PO Box 4212 Coos Bay, OR 97420	(541) 269-4183
Coos	South Coast Hospice 1610 Thompson Rd. Coos Bay, OR 97420 web: http://www.schospice.org/	(541) 269-2986
Curry	Curry Co HIV/AIDS Task Force PO Box 1151 Brookings, OR 97415	(541) 469-0255
Deschutes	Central OR AIDS Support Team PO Box 9184 Bend, OR 97708	(541) 389-4330
Douglas	Douglas Co AIDS Council HIV Resource Center 832 NW Highland Roseburg, Oregon web: http://www.hivroseburg.org/	(541) 440-2761
Jackson	OnTrack/ Alan Collins AIDS Project 221 W Main Medford, OR 97501-2728	(541) 772-1777
Josephine	AIDS Support & Prevention of So Oregon 132 NE "B" St. #23 Grants Pass, OR 97526 web: http://www.asap-so.org/	(541) 471-7890
Klamath	Klamath HIV Public Health 403 Pine St Klamath Falls, OR 97601	(541) 882-8846

COUNTY	ORGANIZATION/ADDRESS	PHONE
Lane	HIV Alliance 1966 Garden Ave. Eugene, OR 97403 web: http://www.hivalliance.org/	(541) 342-5088
Lincoln	Coastal AIDS Network, Inc 3128 NE Hwy 101 #202 Lincoln City, OR 97367 web: http://coastalaidsnetwork.homestead.com/	(541) 994-5597
Marion	Mid-OR AIDS Support Svcs 494 State St #256 Salem, OR 97309	(503) 363-4963
Multnomah	Cascade AIDS Project 620 SW 5 th #300 Portland, OR 97204 web: http://www.cascadeaids.org/about_contact.html	(503) 223-5907
Multnomah	Cascadia PO Box 8459 Portland, OR 97207 web: http://www.cascadiabhc.org/php/index.php	(503) 238-0769
Multnomah	Portland PRIDE PO Box 6611 Portland, OR 97228-6611 web: http://www.pridenw.org/	(503) 295-9788
Other	Blue Mountain Heart-to-Heart Local Oregon AIDS organizations web: http://www.bluemountainheart.org/	
Other	Oregon County Health Departments	

MEDICAL CARE

1. Local Public Health Department
Communicable Disease, HIV, or Sexually Transmitted Disease Clinic
2. Local Physicians

AIDS HOTLINES

Portland	(503) 223-2437
Oregon	(800) 777-AIDS
National	(800) 342-2437
National SIDA (Spanish)	(800) 344-SIDA
National Deaf Access	(800) 243-7889

TEACHER RESOURCES
DRAFT LETTER TO ELEMENTARY PARENTS

Dear Parent,

Our elementary school will be using a revised curriculum on AIDS. The materials, which have been produced by the Oregon Department of Human Services/Health Services, are age appropriate for students in grades 4 and 5. We invite you to attend a Parents' Night when we will:

1. explain the revised curriculum.
2. preview any materials that will be used in the classroom.
3. show a videotape for parents (which will not be used in the elementary classroom). This will provide you with current information on AIDS so you may answer your child's questions when we are teaching about it in the classroom.
4. answer questions that you may have about this new instructional topic.

We will be holding this Parents' Night one week before your child will be studying it in the classroom. This will provide you with the opportunity to preview the information first. We also believe that it will provide a great opportunity for you and your child to have some meaningful family discussions, both before and after the material is presented.

Parents' Night: Session on AIDS Curriculum

Date:

Time:

Location: room number
 school name
 street address

We look forward to seeing you at school.

Sincerely,

Teacher's name (*or, if more appropriate, principal's name*)

TEACHER RESOURCES
DRAFT LETTER TO PARENTS

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Teacher's name (*or, if more appropriate, principal's name*)

TEACHER RESOURCES

SUGGESTED GUIDELINES FOR AIDS CURRICULUM SESSION FOR PARENT'S NIGHT

PREPARATION:

1. Send out a letter of invitation to parents two to three weeks before the session.
2. Order a 1/2 inch VHS video player and monitor.
3. Order a video of choice from a local resource such as the county health department, ESD or school district library. We recommend "In Our Own Words" or "Beyond Fear."
4. Preview the video.
5. Gather and/or prepare handouts appropriate for parents. Examples include: The objectives from the curriculum unit.
 - student pre-assessment survey
 - list of Oregon resources
 - aids glossary
 - list of audio-visuals
 - pamphlets

AGENDA:

1. Pass out the Student Pre-Assessment Survey to parents as they enter and suggest they fill it out before the meeting starts.
2. Welcome and thank the parents for attending the meeting.
3. Describe the need for AIDS education and the use of the curriculum, "*Healthy Kids: Keeping Safe.*"
4. Explain the objectives of the unit and outline various lesson plans using the curriculum's transparencies. Parents may want to look at copies of the curriculum as lessons are discussed.
5. Introduce the selected video. If the video is one that will not be used in the unit, explain this to the parents.
6. Show the video and answer questions.
7. Further discuss other key points of the curriculum and how parents can become actively involve with the instruction.
8. You may want to go over the answers of the Pre-Assessment Survey and/or have the parents take the Post-Assessment Survey.
9. Summarize the curriculum implementation and thank the parents for attending the meeting.
10. Someone should be available for individualized questions after the session is over.

Healthy Kids: Keeping Safe

GLOSSARY

ABSTINENCE:

Refraining from specific activities, such as intravenous drug use or sexual contact.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS):

An acquired defect in the immune system function that reduces the affected person's resistance to certain types of infections and cancers. AIDS is caused by a virus called HIV, which is spread through infected semen or vaginal/cervical secretions shared during intimate sexual contact; or exposure to infected blood or blood products. Once a person becomes immune deficient, he or she is susceptible to diseases that healthy people do not catch.

ANTIBODY:

Protein molecules that are produced and secreted by certain types of white cells called plasma cells (in response to stimulation by an antigen) made to kill germs and thus fight infection.

ANTIGEN:

A substance foreign to the body, such as HIV that stimulates the formation of antibodies.

ANTIRETROVIRAL AGENTS:

Medications and substances used against retroviruses such as HIV.

ANTIVIRAL:

A substance or process that destroys a virus or suppresses its replication.

ASYMPTOMATIC CARRIER:

A person who is infected, but has no symptoms of the infection or disease.

BIAS:

A preference that gets in the way of making an impartial judgment.

BIOLOGICAL RESPONSE MODIFIERS (BRMs):

Substances, either natural or synthesized, that boost, direct or restore normal immune defenses. BRMs include interferons, interleukins, thymus hormones and monoclonal antibodies.

BISEXUAL:

One who has or is capable of having emotional, physical, and/or sexual responses to members of both sexes.

COFACTORS:

1. Substances, microorganisms or characteristics of individuals that may influence the progression of a disease or the likelihood of becoming ill.

2. A situation or activity that may increase a person's susceptibility to AIDS. Examples of such cofactors are other infections, drugs and alcohol use, poor nutrition, genetic factors and stress.

COMMUNICABLE DISEASE:

Diseases that one person can give to another. Examples include measles, the common cold, tuberculosis and AIDS.

CONDOM:

A latex sheath that is worn over the penis during sexual activity to prevent the transmission of sperm or infected semen to a sexual partner. Condoms made of latex reduce risk of HIV transmission. A new female condom is available to help prevent pregnancy and sexually transmitted disease including HIV.

CONTAGIOUS:

Any infectious disease capable of being transmitted by casual contact from one person to another. Casual contact can be defined as normal day-to-day contact between people at home, school, work, or in the community. A contagious infection (e.g. a common cold) can be communicable by casual contact; an infectious infection, on the other hand, is communicable by intimate contact such as sex. AIDS is infectious, not contagious.

DISCRIMINATION:

Denying individuals or groups of people fair and equal treatment because of prejudice.

FETUS:

The stage of human development in the uterus from the second month of pregnancy until birth.

HELPER-T CELLS:

A specific white blood cell which is responsible for activating the immune system in response to an infection.

HETEROSEXISM:

A belief in the superiority of heterosexuality; policies and practices which serve to elevate heterosexuality and subordinate homosexuality.

HETEROSEXUAL:

One who has sexual and affectional responses predominantly to the opposite sex.

HIV ANTIBODY TEST:

A test run on a person's blood that detects antibody directed against HIV, the virus that causes AIDS. Up to six months may lapse after a person has been infected before their blood becomes HIV positive. A positive antibody test indicates a person has been infected with HIV and is infectious to others. The test is not 100% accurate and may produce falsely positive as well as falsely negative results. A positive result is better than 99% accurate if found in a person with risk behaviors, such as injection drug use or unsafe sexual contact with an infected person.

HIV DEMENTIA:

The deterioration of intellectual functions such as memory loss and difficulties with work due to damage to brain cells and their function by active HIV infection.

HIV DISEASE:

HIV disease can be described as on a continuum from the time a person becomes infected with HIV through the time she/he develops AIDS, which is the end stage.

Asymptomatic: HIV disease exists when a person is HIV infected, but shows no symptoms of disease.

Symptomatic: HIV disease exists when a person has symptoms that indicate the immune system is not functioning properly.

HOMOPHOBIA:

1. The fear and hatred of gays and lesbians;
2. the fear of being perceived as gay or lesbian;
3. the fear of one's own sexual or physical attraction for others of the same sex; and
4. the fear of being gay or lesbian.

Homophobia in our society is evidenced by a large number of negative myths and stereotypes, and in its extreme behavior results in violence against gays, lesbians, and bisexuals.

HOMOSEXUAL:

(From the Greek root meaning sameness) a clinical term that has been used to describe those whose sexual/affectional preference is for members of the same sex.

HUMAN IMMUNODEFICIENCY VIRUS (HIV):

This is the virus that causes AIDS. HIV infects the helper-T lymphocyte. In most people, the infection kills the helper-T cell population, thus impairing the immune system.

IMMUNE STATUS

The state of the body's natural defense to fight diseases. It is influenced by many factors, including age, past illness history, diet, physical and mental health.

IMMUNE SYSTEM:

A system within the body that acts both to prevent infection and to reduce the severity of disease when infections occur. Currently 80% of diagnosed AIDS patients in the United States are reported with "severe HIV related immuno-suppression".

INFECTIOUS DISEASE: *A disease that is capable of causing infection in other people often spreading rapidly through a population.*

INJECTION DRUG USE,: A new term for IV (intravenous) drug use referring to people who use drugs by injecting them into the body with needles.

KAPOSI'S SARCOMA (KS):

A rare form of skin cancer. It is recognized by raised non-tender, -purplish skin lesions. These lesions may occur on any part; of the body or internally. This cancer is serious and fatal for persons with AIDS.

LYMPHADENOPATHY

Enlargement of lymph nodes--the glands in the body that harbor white blood cells.

MASTURBATION:

Stimulation of one's own genitals for sexual pleasure.

MONOGAMY:

A lifelong sexual relationship with only one individual.

NON-COMMUNICABLE-DISEASE:

Diseases that cannot be spread from one person to another. Examples include heart disease, skin cancer and cystic fibrosis.

OPPORTUNISTIC INFECTIONS:

A variety of diseases that occur in individuals who do not have healthy immune systems. Opportunistic infections are caused by micro-organisms that do not usually cause diseases in a healthy individual. One of the most common opportunistic infections seen in AIDS patients is **Pneumocystis carinii pneumonia**.

PERINATAL TRANSMISSION:

HIV can be transmitted from an infected woman to her fetus or newborn during pregnancy, during labor and delivery, and during the postpartum period through breastfeeding, although the proportion of infections transmitted during each of these intervals is not precisely known.

PNEUMOCYSTIS CARINII PNEUMONIA (PCP):

A form of pneumonia, caused by a parasite that most people can have in their bodies, and with a functioning immune system, fight off. Symptoms include low grade, persistent and unexplained fever, shortness of breath, and dry cough.

PREJUDICE:

Having an opinion or attitude for or against someone or something without really knowing that person for subject.

PROTEASE INHIBITORS:

Any one of several medications designed to block the function of HIV protease, and enzymes used by the virus to build essential proteins.

PWA:

Person who is living with AIDS. (Person With AIDS)

RACISM:

A belief in the superiority of one race over another; policies and practices that serve to elevate one race and subordinate others.

RETROVIRUS:

HIV and other viruses that carry their genetic material in the form of RNA and that have the enzyme reverse transcriptase. Like all viruses, HIV can replicate only inside cells, commandeering the cell's machinery to reproduce. Like other retroviruses, HIV uses

the enzyme called reverse transcriptase to convert its RNA into DNA, which is then integrated into the host cell DNA.

SAFER SEXUAL BEHAVIOR:

Safer sexual behavior includes ways to be intimate without transferring semen, vaginal, and cervical secretions, or other body fluids.

SEMEN:

The fluid that contains sperm ejaculated through the penis.

SEXISM:

A belief in the superiority of one sex over another; policies and practices that serve to elevate one sex and subordinate the other.

SEXUAL CONTACT:

Contact between individuals that involves the genitalia of at least one person. Sexual contact includes vaginal, anal and oral intercourse.

SEXUALLY TRANSMITTED DISEASES (STDs):

Those diseases that are usually passed from person to person through sexual contact. STDs were formally called VD (venereal disease). Examples of STD's other than AIDS include Chlamydia, syphilis and gonorrhea.

T-LYMPHOCYTES:

A type of white blood cell that controls the immune system's response to various infections.

TRANSCRIPTION:

The process of constructing a messenger RNA molecule using a DNA molecule as a template with the resulting transfer of genetic information to the messenger RNA. As related to HIV, the process by which the provirus produces new viruses.

VAGINAL/CERVICAL SECRETIONS:

Fluids within the vagina and cervix.

VIRUS:

Submicroscopic microbe causing infectious disease. Viruses are on the border line of life in that they can function and reproduce only in living cells.

ZIDOVUDINE (AZT):

A drug that inhibits the replication of HIV and is usually prescribed to patients who have a history of opportunistic infections.