

FOCUS AREA 2

Drug Education

INTRODUCTION

This focus area provides the explicit teaching of content and skills related to medicines and hazardous substances for Year 1 students. It focuses on:

- hazardous substances found in and around the home
- rules for the use of hazardous substances and medicines
- safe storage of hazardous substances and medicines
- health workers and other adults who help people manage pain
- non-medicinal alternatives to medicine
- safe use of medicines
- identifying and responding to unsafe situations around medicines.

Key understandings

- Poisonous and flammable substances can be identified by a range of warning signs and symbols.
- Hazardous substances can be found in and around the home.
- Hazardous substances need to be stored out of reach of children and monitored by an adult when in use.
- Analgesics are drugs and can have helpful and harmful effects on the body.
- The use of aspirin by children who are under 12 years of age is dangerous.
- There are non-medicinal alternatives for pain relief.
- There are safety procedures for the storage and use of analgesics and other medicines.
- There are a range of health workers and other trusted adults who can help us manage pain.

Key skills to practise





- Identify and respond to unsafe situations around medicines and hazardous substances.
- Use assertive communication in unsafe situations.
- Express a range of different feelings and symptoms when in pain.
- Making responsible decisions to ensure their own safety and the safety of others.
- Listen for specific things such as the details of a story and an answer to a given question.
- Listen to, remember and follow simple instructions.
- Work with a partner or in small groups using strategies such as waiting and taking turns, staying on task and sharing resources.
- Participate in class, group and pair discussions and share experiences.
- Express and share opinions and ideas with others.
- Reflect on knowledge and understandings, attitudes and values.

General capabilities








The general capabilities comprise an integrated and interconnected set of knowledge, skills, behaviours and dispositions that, together with curriculum content in each learning area and the cross-curriculum priorities, will assist students to become successful learners, confident and creative individuals, and active and informed citizens.

The content and activities in this focus area provide teachers with the opportunity to explicitly teach some of the general capabilities. The table below outlines how this resource addresses these capabilities.

Addressing the General Capabilities through Challenges and Choices

Activity		page
TUNING IN		
1 Out of reach	   	54
2 Warning words and symbols	   	56
FINDING OUT		
3 Looking at medicines and hazardous substances	   	58
4 Analgesics and non-medicinal alternatives	    	59
SORTING OUT		
5 Making decisions around hazardous substances	   	60
6 Analgesic decisions	     	62
7 Family and school rules about analgesics and other medicines	   	65
REFLECTING		
8 Sharing knowledge and skills around medicines and hazardous substances	   	66

Key

-  Literacy
-  Numeracy
-  Information and communication technology (ICT) capability
-  Critical and creative thinking
-  Ethical understanding
-  Personal and social capability
-  Intercultural understanding

TEACHER NOTES

What are analgesics?

An analgesic is a depressant substance that is used to relieve minor pain. Analgesics are often called pain relievers or painkillers. Analgesics slow down the activity of the brain and include:

- aspirin (such as Disprin, AsproClear, Aspirin)
- paracetamol (such as Panadol, Dymadon, Tylenol)
- combination products that contain both aspirin and codeine (such as Veganin) or paracetamol and codeine (such as Panadeine).

Prevalence of analgesic use

Analgesics are the most commonly used drugs among 12-17 year old WA students with 95% having used them at some time in their lives, with females being more likely to use than males.¹

Australia has the greatest use of analgesics and renal failure caused by analgesics in the Western world. Teaching young children about non-medicinal alternatives to analgesics challenges our drug taking culture.

Death and disease

Poisonings continue to be a cause of child hospitalisation in Western Australia. Education on the safe use of medicines is therefore important for students and parents/caregivers alike.

Childhood poisonings are mainly caused by products commonly found around the home including medicines (pain relievers and sleeping tablets), household cleaning agents (caustic cleaners for drains, dishwashing machine detergent), petrochemicals (kerosene, petrol) and pesticides and weedkillers.

The majority of poisonings occur when the substance is not in its usual place and has been recently used but not monitored by an adult.

Aspirin use for children under the age of 12 years is dangerous. It can harm the stomach and intestinal tract and can cause Reye's Syndrome (a rare but potentially fatal condition). This information may not be known by many parents and caregivers.

Aspirin may cause irritation of the gastric mucous membrane and even bleeding from the stomach. Excessive use may result in ringing in the ears, giddiness, nausea and mental aberration. Regular long-term use of aspirin may cause kidney damage and anaemia and asthma attacks.

Paracetamol overdose can produce acute and sometimes fatal liver damage and also kidney damage. A dose of fewer than 10 tablets (25g) may be fatal.

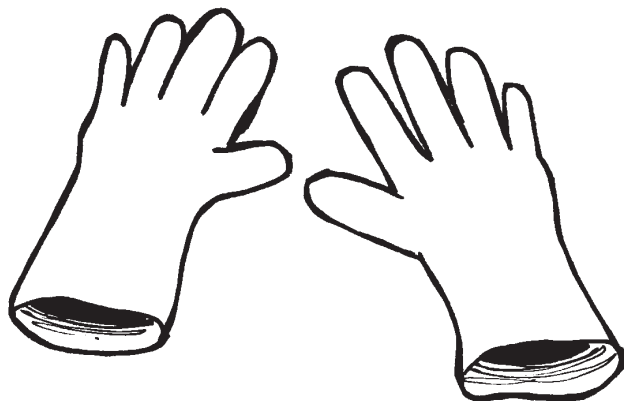
Standard precautions

When teaching students about emergencies it is important to discuss standard precautions. These are work practices required to prevent the spread of infections. It is a standard precaution to treat all blood (outside of the body) as potentially infectious.

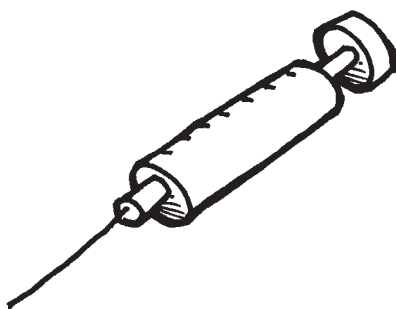
Standard precautions include good hygiene practices such as washing and drying hands; using plastic or disposable gloves when in contact with another person's body fluids; and appropriate handling of needles, syringes and other sharp objects.

Some items such as discarded needles and syringes could potentially contain organisms responsible for the transmission of Blood Borne Viruses or BBVs (eg Hepatitis and HIV).

Students need to be taught not to touch the needles and syringes they find and immediately report the finding to an adult.



¹ Australian School Student Alcohol and Drug (ASSAD) Survey – Results from 2011, Department of Health.



The standard precautions for discarded needles and syringes is for an adult to place the item into an appropriate sharps container (eg one that is leak, puncture and shatter proof such as a lunch box or an empty plastic cool drink bottle) and put the sealed container in a domestic rubbish bin (not the recyclable bin).

The standard precautions for needle stick injuries (a potential source of infection by HIV, Hepatitis B and C and tetanus) is to wash the infected area immediately with soap and water, apply antiseptic and a sterile waterproof dressing to the wound, and then take the infected person to a medical practitioner for assessment and treatment.

All Department of Education (WA) schools need to refer to the Regulatory Framework documents including HIV/AIDS and Hepatitis and Student Health Care Policy. AISWA and Catholic Education Office schools need to refer to their sector guidelines.

How medicine and hazardous substance education is taught is important

Sometimes analgesics will be the best form of short term treatment of pain. However students should be encouraged to use these drugs after they have tried alternatives to pain relief.

Stress that a good way to prevent pain is to maintain a balanced diet, be active every day, participate in healthy relationships, and get sufficient rest.

Students often see analgesic use as harmless because they are influenced by advertising and their parents' and other adults' example. Find opportunities to challenge these influences.

Stress that a trusted adult is the only person who should administer medicines and other drugs.

It is important to engage parents in drug education programs and activities as it is unrealistic to expect young children to protect themselves fully from the misuse of medicines and hazardous substances.

The available evidence-base suggests that effective drug education programs for students of this age should:

- Increase students' knowledge, social skills, and refusal skills towards analgesics prescription and over-the-counter medicines.
- Include scenarios relevant to students' experiences and interests.
- Contain highly interactive activities that engage students in problem solving and critical thinking.
- Provide significant coverage of content around these drugs complemented by follow up booster sessions.
- Position drug education within a broader health and wellbeing curriculum that focuses, amongst other things, on staying healthy, dealing with stress and coping.
- Respond to cultural and social needs of the school community.
- Engage parents where possible.²

Useful websites

- School Drug Education and Road Aware
www.sdera.wa.edu.au
- Drug and Alcohol Office
www.dao.health.wa.gov.au
- Drug Aware
www.drugaware.com.au
- Reach Out Australia
au.reachout.com
- Oxygen
www.oxygen.org.au
- Kidshelp
www.kidshelp.com.au
- Alcohol Think Again
www.alcoholthinkagain.com.au
- Life Education Australia
www.lifeeducation.org.au

2 Helen Cahill, *Taking an evidence-based approach to classroom drug education*. Australian Youth Research Centre, The University of Melbourne, 2002

ACTIVITY 1



Out of reach

Preparation

- ▶ *Out of reach* by Margaret Wild
- ▶ Paper and markers
- ▶ **Family information sheet** *Out of reach* – photocopy one per student

- Conduct a **shared reading** (refer to page 176) using the storybook *Out of reach*. Show students the cover then flick through the illustrations on each page of the book.

Ask

What do you think the story might be about?
Who do you think will be in the story?
Does the title give us any clues?
Do you think this story is a true or imaginary story?

Read the story. Discuss either the text or illustrations that highlight the medicines or hazardous substances that were or should have been put out of reach eg first aid kit in locked cupboard on front cover; cleaning agents on the shelf (p11) and snail bait (p13).

Ask

Where did Timmy find Grandma's medicine?
Why did Grandma take the medicine out of her basket?
Why do medicines have to be put safely out of children's reach?
Why does the cupboard with the first aid kit have a key on it?
Where are the medicines stored in your home?
Who gives your medicine to you when you are unwell?
Why should you only take your medicine from an adult like mum or dad or a teacher?
When you need to bring your medicine to school, what do we do to keep it safe from other children? (eg asthma inhalers, antibiotics or insulin. Discuss the school rules about medicines.)

- Write KEEP OUT OF REACH OF CHILDREN on the board. Read the story again and have students clap when the words are shown in the book. (The words and warning symbols are on pages 8, 10 and 11.)

Ask

Why are these words written in capital letters?
Why do you think the bottle has a warning on it?
Are there always warning signs or these words on bottles and containers? Why not?

- Students draw the design of a cabinet or storage area that would keep medicines safely stored and out of reach from Timmy and Mark.

Place students in small groups to share their designs and explain how the cabinet or storage area should keep medicines safe from Timmy and Mark.

- Give each student a copy of the *Out of reach* family info sheet to take home and complete with a family member. Talk to parents and family members about the activity.

Out of reach was distributed with the first edition of *Challenges and Choices*.



Out of reach

Poisonings are a cause of child hospitalisation in Western Australia. Most of these poisonings are caused by medicines such as pain relievers and sleeping tablets and other substances such as cleaning products.

Most poisonings from hazardous substances happen when a substance is not in its usual place and has just been used.

At home activity

Read through the list of medicines and household products with your child and tick the box if it is stored out of reach. You do not have to return this sheet to school.

Medicines	Is it out of reach?	Household products	Is it out of reach?
Cough medicines	<input type="checkbox"/>	Dishwasher detergent	<input type="checkbox"/>
Pain relievers	<input type="checkbox"/>	Oven cleaner	<input type="checkbox"/>
Prescribed medicines eg heart tablets, asthma medication	<input type="checkbox"/>	Moth balls	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	Drain cleaner	<input type="checkbox"/>
Sleeping pills	<input type="checkbox"/>	Furniture polish	<input type="checkbox"/>
Ear drops	<input type="checkbox"/>	Pool chemicals	<input type="checkbox"/>
Cold and flu tablets	<input type="checkbox"/>	Mouse or rat bait or snail pellets	<input type="checkbox"/>
Sinus tablets	<input type="checkbox"/>	Pesticides or weed killers	<input type="checkbox"/>
Nasal sprays	<input type="checkbox"/>	Veterinary products	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	Petrol, turpentine or kerosene	<input type="checkbox"/>

While you are checking your medicines, it would be useful to throw 'out of date' and unwanted medicines away. Make sure that all medicines are stored in their original containers and are not laying around loose.

Remember, don't refer to medicines as lollies and return all medicines to a storage place out of reach of children, immediately after you've used them.

Thank you for playing a vital role in your child's health and drug education.

ACTIVITY 2

Warning words and symbols

Preparation

- ▶ *Keep out of reach of children* poster or *Keep out of reach* **slideshow** – cue the CD-Rom
 - ▶ *Out of reach* by Margaret Wild
 - ▶ **Activity sheet Warnings** – photocopy enough for one card per student
 - ▶ Paper, glue and scissors – class set
- Show and discuss the *Keep out of reach of children* poster or slideshow. Point out and explain warnings on each container such as KEEP OUT OF REACH OF CHILDREN, POISON, CAUTION, WARNING, and the flammable and skull and cross bone symbols.
- Ask**
- Where have you seen these words or symbols before?*
Why are these words or symbols used?
What does 'poison' mean? (A poison is a substance that causes death or injury when swallowed or absorbed into the body.)
What does 'flammable' mean? (Flammable means something easily set on fire.)
- Give each student a card from the *Warnings* activity sheet. Read the story again. When students see the warning or symbol in the story they must say what the symbol or warning means; say why the product has the warning or symbol on it; and describe where the product should be kept.
 - Have students draw or paint a picture of a product from the *Keep out of reach of children* poster or *Out of reach* storybook that would use the warning or symbol shown on their card.

Students can cut around the outside of their picture then paste on their warning or symbol card. Display the pictures in a 'medicine and storage box' and label – Out of reach!

- Alternatively students could paste their warning cards onto containers such as cardboard tubes, plastic cartons and explain to a partner what their hazardous substance is; what their warning card means; and where the container should be stored.

The *Keep out of reach of children* poster and *Out of Reach* storybook were distributed with the first edition of *Challenges and Choices*.

Warnings

POISON

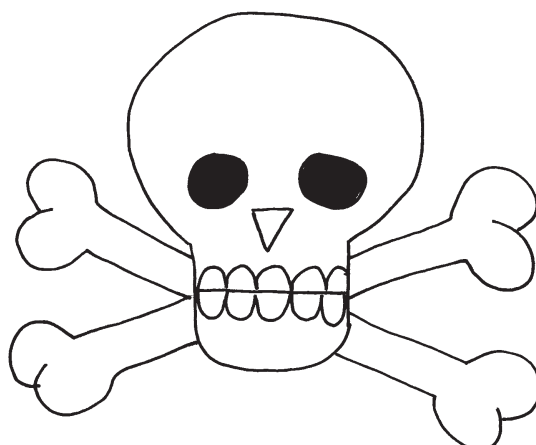
WARNING

CAUTION

FLAMMABLE

**KEEP OUT
OF REACH OF
CHILDREN**

**NOT TO BE
TAKEN**



ACTIVITY 3

Looking at medicines and hazardous substances

Preparation

- ▶ Empty and clean hazardous substances containers (eg methylated spirits, bleach, oven cleaner); empty medicine containers (eg pills, liquids, creams) and food containers – class set
- ▶ Labels – medicine, poison and food
- ▶ **Activity sheet Warnings** – photocopy one per student

- Distribute an empty hazardous substance container, medicine container or food container to each pair of students. Place the three labels in different areas of the room.

Explain that students are to place their container next to the appropriate label – medicine, poison or food. Check for any errors in the sorting.

Ask

What clues told you where to place your container?

(eg warning signs, names on medicines, safety caps, recognise the products from home)

What are some words we can use to describe the containers? (eg canisters, tubes, blister packs, sachet, carton, pressure cans)

What did you notice about the poisons and medicine containers? (eg warning words and symbols, safety caps, instructions for use)

Why do you think the items in the 'medicine' and 'poison' categories need to be kept out of reach of children?

What symbols or words tell you that this product is unsafe for children?

Pharmacies will often provide empty containers. Ensure that the lids are tightly fastened and all names are blacked out on prescription medicines.

- Have the class identify where the items in each category can be found in homes.
- To become familiar with the warning words and symbols have students play card games such as Snap, Fish and Concentration or a **barrier game** (refer to page 169) using a set of cards from *Warnings*.



ACTIVITY 4

Analgesics and non-medicinal alternatives

Preparation

- ▶ Empty analgesic packets and bottles – class set
- ▶ Art paper or access to computers with drawing programs

- Conduct a **thumbs up, thumbs down** (refer to page 178) using the following questions.

Questions

- ◉ If you don't take the correct dose of medicine it can harm you. (True)
 - ◉ It's okay to take a friend's medicine. (False)
 - ◉ You must follow the directions printed on the side of all medicines. (True)
 - ◉ If you take more medicine than the instructions say you will get better sooner. (False)
 - ◉ Some medicines can hurt young children. (True)
 - ◉ A teacher is someone who can give me my medicine. (True)
 - ◉ Medicines should be stored where children can't reach them. (True)
 - ◉ Analgesics (pain relievers) are drugs. (True)
 - ◉ A drug is something that you take and it changes the way you think or feel. (True)
- Students **brainstorm** (refer to page 169) a list of 'common causes of pain' (eg headache, stomach ache, sunburn, new braces, toothache, ear ache, cuts and broken bones). Distinction between physical and emotional pain may need to be clarified with sensitivity.
- Develop vocabulary related to body parts and ache and pain descriptions (eg throb, pulse, dull ache, intense pain, cramp). Also discuss words students can use to describe their feelings when in pain.
- Display a range of empty analgesic bottles and packages. Talk about the forms of this medication and explain that these products are useful for relieving pain if other non-medicinal methods of pain relief have not worked. Explain that misuse of these medications may cause damage to the kidneys, liver and stomach.

Emphasise that analgesics:

- ◉ do not cure the cause of the pain
- ◉ do not cure stomach aches or help you relax
- ◉ need to be taken according to the correct dose as taking more than this can make a person feel sick
- ◉ are not always suitable for children under the age of 12 years eg Disprin, Aspro Clear, Aspirin
- ◉ should always be stored out of reach and away from children.

- Have students identify nouns relating to the different forms of analgesic medication (eg capsule, tablet, drops, syrup, box, blister pack and bottle) and use and incorporate with literacy activities.

- Using the list of 'common causes of pain' previously generated by the class, discuss and identify non-medicinal alternatives that can be used.

Headaches: laying down in a dark room; having something to drink; using a cool cloth on the forehead; gentle head massage.

Stomach ache: hot water bottle on the stomach; slowly sipping flat lemonade; gentle massage of sore area.

Sunburn: taking cool showers; applying aloe vera cream.

- Have students create a comic strip or **story map** (refer to page 176) that illustrates a pain management dilemma and how the pain was managed using alternative pain relief. Digital photos and computer drawing programs could be used in this activity.

Encourage students to use non-medicinal alternatives to pain relief if they report a headache or stomach ache.

ACTIVITY 5

Making decisions around hazardous substances

Preparation

- ▶ Three labels 'safe', 'unsafe' and 'don't know'
- ▶ **Activity sheet** *Don't touch poisons* – photocopy one per student

- Label three corners of the room with the 'safe', 'unsafe' and 'don't know' labels. Conduct an adapted **choose a corner** strategy (refer to page 170) by reading one of the following scenarios. Ask students to move to the corner that best represents their opinion. (Drawing a picture of each item on the board may help visual learners with this listening activity.)

Scenarios

- ◉ Mum keeps the bleach bottle under the sink.
- ◉ Jenni takes the dishwasher powder away from her little brother.
- ◉ Dad leaves his paint brushes soaking in a jar of turpentine on the floor of the garage.
- ◉ Aunty Lena puts her rat and snail pellets on a high shelf in the shed.
- ◉ Nonna keeps her toilet cleaner on the floor next to the toilet.
- ◉ Uncle Dan keeps his chemical sprays for the farm up high on a shelf.
- ◉ Aunty Maria leaves the fly spray on her bedside table.
- ◉ Mum makes sure the safety cap is back on the floor cleaner when she has finished with it.
- ◉ Dad keeps metholated spirits in a cool drink bottle in the garage.

After discussing several of the scenarios, remind students that hazardous substances need to be stored in a locked cupboard or in a high position where young children cannot reach.

- **Brainstorm** (refer to page 169) words relating to poisons (hazardous substances) such as warning signs, symbols, dangerous, very sick, careful, emergency, adults only, don't touch, powder, spray, liquid, lids on tight.
- Give each student a copy of *Don't touch poisons*. Explain that students are to write a word or phrase about poisons in the fumes.

Take students on a walk to the canteen, gardener's shed, toilets and art room, and conduct a hazardous substances audit. Move any hazardous substances that are within reach of children into a storage area or up high.

Don't touch poisons





ACTIVITY 6

Analgesic decisions

Preparation

- ▶ **Activity sheet** *Alternatives to analgesics* – photocopy and cut into cards
- ▶ **Strategy sheet** *Decision-making model* – photocopy one per group and show on interactive whiteboard
- ▶ Paper or computer drawing program
- ▶ **Family information sheet** *Kids and medicines* – photocopy one per student

- Use a **think-pair-share** (refer to page 177) to have students identify 'people who can help us with pain at home, at school and in the community'. Write the students' suggestions (eg mum, dad, aunty, uncle, grandparents, babysitter, teacher, administration staff, friend's parent, doctor, nurse, pharmacist, paramedic, acupuncturist, physiotherapist, massage therapist) on the board.
- Show the **decision-making model** (refer to page 171) on the interactive whiteboard or alternatively use an A3 photocopy. If students have not previously used the model, explain each step using a simple example such as 'Year 1's keep kicking footballs over the school fence. What should we do?'
- Place students in small groups. Distribute an *Alternatives to analgesics* card and decision-making model to each group. Explain that groups are to determine what they would do and say if they were the person referred to in the scenario (story).

Discuss the decisions made by groups, correcting any misinformation as it occurs and reinforcing safe or ethical behaviour in each scenario.

Safer decisions for each scenario would involve consideration of the following.

Story 1

Mrs Miller could give Kim a drink and let her rest in the sick bay. If this did not improve her headache she would need to check the school records to see if Kim's parents had authorised that school staff can give her paracetamol. If her parents had given their permission, Mrs Miller could give Kim some Panadol. (This scenario reinforces the school's use of Health Care Authorisation.)

Story 2

Tom would need to tell his friend's Mum why he did not want to take the Disprin. He could ask for a hot water bottle to put on his stomach and lie down and rest for a while. Tom would need to tell his family about his sore stomach when he went home if it did not improve.

Story 3

Callum would have to say 'No' to the Panadol if an adult wasn't around to give it to him. He would need to stay out of the pool and also tell his family when he went home so that someone could take him to the doctor.

- Students choose one of the scenarios and draw or use a computer drawing program to show a 'beginning' 'middle' and 'end' picture to represent the decision-making process.
- Send a copy of *Kids and medicines* home with each student to share with their families. Leave extra copies in the school foyer, library or pick up area for other families to read.

Before conducting this activity revise the non-medicinal alternatives for some 'common causes of pain' developed in the brainstorm in Activity 4.

Alternatives to analgesics

Story 1

Kim has been running around in the playground and has a headache. She asks Mrs Miller, the teacher on duty, if she can have some Panadol for her headache.

What do you think Mrs Miller should do?



Story 2

Tom is staying at his friend's house and has a stomach ache. His friend's mum says she will give him some Disprin to make it better.

Tom learnt at school that children under 12 shouldn't take Disprin and also that Disprin wouldn't fix a stomach ache.

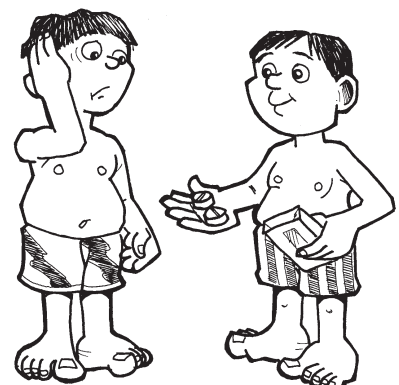
What do you think Tom should do?



Story 3

Callum is at his friend Ben's place for the weekend. The boys have been swimming in the pool and Callum's ear is very sore. Ben says he will get some Panadol for Callum to take.

What do you think Callum should do?





Kids and medicines

Here is some important information about safer use of analgesics that may help your family.



Aspirin

Aspirin can be used to relieve minor pain, muscle and joint pain, and reduce fever and inflammation. Aspirin can cause stomach irritation, nausea and also bleeding of the intestinal tract, so take with or after food and not for longer than three days. Aspirin may make asthma worse. Aspirin should not be used while you are pregnant; taking medicines to reduce blood clotting; before dental work; or if you have stomach pains.

Ibuprofen

Ibuprofen is used to reduce inflammation such as back pain and arthritis. Ibuprofen can cause stomach irritation, diarrhoea, heartburn and nausea.

Paracetamol

Paracetamol is used to relieve minor pain, fever and nerve pain. Paracetamol is less harmful than aspirin if taken in a correct dose and is suitable for children.

- Aspirin (eg Disprin and Aspro Clear), Ibuprofen (eg Nurofen and Advil) and Paracetamol (eg Panadol, Tylonol and Dymodon) are the three most commonly used analgesics in Australia.

- Never use more than the recommended dose.
- Some analgesics are found in other medicines such as cough and cold medicines. It is easy to double the dose if you don't check the ingredient list before using these medicines with analgesics.
- **Never give Aspirin to a child who is under 12 years of age** unless prescribed by a doctor.
- When you visit your doctor, dentist or pharmacist let them know that you are taking analgesics. Tell your doctor if you are taking any herbal medicines if analgesics are prescribed.
- Analgesics break down quickly. If Aspirin begins to smell even faintly of vinegar, do not take it.

At home activity

We are learning about pain relievers (or analgesics) and alternatives to pain relievers such as drinking water, massage, lying down or using a cold compress or a hot water bottle. Please talk to your child about times when you or other family members have been in physical pain. Tell your child how you/they relieved this pain. If analgesics were used, talk about alternatives to analgesics that might have relieved the pain.

Thank you for playing a vital role in your child's health and drug education.

ACTIVITY 7

Family and school rules about analgesics and other medicines

Preparation

- ▶ *Out of reach* by Margaret Wild
- ▶ Sticker dots – three per student
- ▶ Paper clip – one per student
- ▶ **Strategy sheet** *Feelings continuum* – one per student

- Read *Out of Reach* then ask students to identify the safe storage and use of medicines rules that existed in Timmy and Mark's family.
- **Brainstorm** (refer to page 169) as many examples of 'rules' as students can recall. Write a list of suggestions on the board. It may help to give students a few categories to consider such as school rules, beach rules, sport rules or road rules.

At the completion of the brainstorm, ask the class to explain why each rule is required and discuss what might happen if the rule didn't exist (eg to stop road crashes; to keep us safe; so we know how to play a game; to be fair; to have a happy class and family).

- In a large circle, students use a **feelings continuum** (refer to page 178) to respond to the following scenarios.

Scenarios

- ⊙ If your babysitter called for you to run across the road near the school instead of using the crosswalk or holding her hand, would you?
 - ⊙ If another student asked you to pinch someone's lunch money out of the lunch order box, would you?
 - ⊙ If you saw two children hurting each other in the playground, would you go and get a teacher?
 - ⊙ If your brother was about to take some of Mum's cough mixture, would you grab the bottle from him and go and tell an adult?
 - ⊙ If you saw another student taking an analgesic (pain reliever) from their bag at lunchtime, would you tell a teacher?
 - ⊙ If you had a headache at school, would you have a drink or ask to lie down in a dark room first?
 - ⊙ If you had a headache would you only take an analgesic (pain reliever) from an adult you trust?
- Discuss the rules that would need to be followed in each scenario. Stress that sometimes obeying a rule or 'doing the right thing' is not always the easiest option, and it often requires courage and assertiveness to comply with rules.

- Ask for student volunteers to **role-play** (refer to page 174) using the behaviour required to follow the rules and assertive responses for each of the scenarios.

- Make a list of rules for taking analgesics at home and school using a **T chart** (refer to page 177) to record students' suggestions. The T chart list could be added to as discussion develops with other activities in this focus area. Some rule suggestions could include:

Do

- ⊙ Try non-medicinal alternatives first for some of the common causes of pain.
- ⊙ Use analgesics as a last resort to pain relief.
- ⊙ Only take analgesics from an adult.
- ⊙ Remind an adult to check the correct dose for the child's age.
- ⊙ Remind an adult to check the use by date on the analgesics.
- ⊙ Tell an adult when the pain has gone.
- ⊙ Tell an adult if feeling worse after taking the analgesics.

Don't

- ⊙ Don't use analgesics as the first way to treat pain.
 - ⊙ Don't take analgesics from another child.
 - ⊙ Don't self-administer analgesics.
 - ⊙ Don't take an analgesic until an adult has confirmed the correct dose and the use by date.
 - ⊙ Don't leave analgesics lying around where young children can find them eg in school bags.
 - ⊙ Don't use someone else's analgesics as they may be prescribed just for that person.
- Extend the T chart list by:
 - ⊙ asking the Principal or school nurse to talk to students about the school rules about analgesics and other medicines
 - ⊙ asking a pharmacist to talk to the students about safety procedures with analgesics and other medicines.
- Give each student three sticker dots. Explain students are to decide which rules they think are the most important rules to keep children safe around analgesics and other medicines. Students place their dots (or a tick) next to the rules on the T chart.
- When students have voted, discuss the results using vocabulary such as most, least, equal and few. For example: 'The rule that most of the class thought was important was to try other things first.' 'Storing medicines and taking medicine from an adult had equal votes.'

ACTIVITY 8

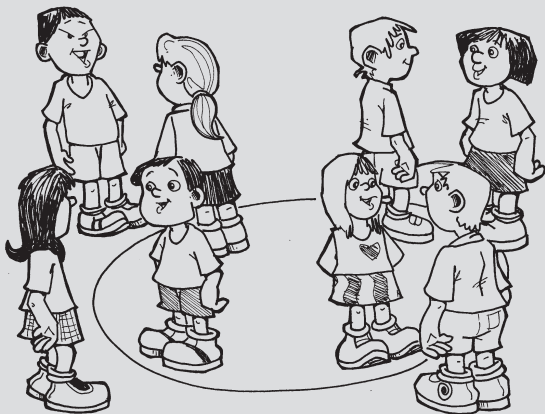


Sharing knowledge and skills around medicines and hazardous substances

Preparation

- ▶ **Activity sheet** *I can keep myself safe around medicines and poisons* – photocopy one per student

- Conduct a **circle talk** strategy (refer to page 170) using the following questions. Repeat the questions so students are exposed to a range of opinions.



Ask

What does the warning sign for things that are flammable look like?

What might you see on bottles and boxes that have poisons inside?

Where might you find poisons in your home?

Where should poisons be stored and why?

What could you do first if you had a headache instead of taking analgesics?

Why should you only take an analgesic (pain reliever) from an adult?

Where should adults store analgesics (pain relievers) and other medicines to keep them safe from children? Why?

What are some rules about taking analgesics (pain relievers) and other medicines that will keep you safe around these drugs?

What could you do if you saw your little brother taking the lid off a bottle of analgesics (pain relievers)?

Who is a trusted adult who can help you manage pain?

What are some words you could use to describe a really bad headache?

- Distribute *I can keep myself safe around medicines and poisons* then ask students to fill in the missing words. The answers are: drink water or lie down; mum, dad, teacher, grandma etc; children; warning.

Students can draw a picture to represent each sentence on the activity sheet. Send the sheet home for students to share with their family.

I can keep myself safe around medicines and poisons

Next time I have a headache I will _____ first.

My _____ gives me medicine when I am in pain.

Poisons and medicines must always be kept out of the reach of _____.

Poisons and some medicines have _____ symbols and signs on them to keep us safe.

