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ABSTRACT

The focus of this curriculum is on prevention of spinal cord injury (SCI) and traumatic brain injury (TBI). The program is aimed at young children because it is during the early years that behavioral patterns are formed which become increasingly more difficult to modify as the child enters adolescence. The curriculum is based on principles of child development, early childhood education, and prevention psychology. It is designed to increase children's perceptions of vulnerability to SCI or TBI, the severity of the problem, response efficacy, and self-efficacy; to help students gain enhanced understanding of cause-effect relationships and the rationale for safety principles; and to enhance the perception that safe behavior is smart. The curriculum includes behavioral rehearsal, practice, and interactive elements with reinforcement to enhance learning. This guide for Grades 3 and 4 is organized into 8 units: Spinal Cord and Brain Injury Awareness, Motor Vehicle Safety, Pedestrian Safety, Bike Safety, Playground and Recreational Sports Safety, Preventing Falls, Weapons Safety, and Water Safety. The guide concludes with information on additional resources (films and videotapes, national programs, spinal cord injury care systems, traumatic brain injury care systems, and comprehensive head injury prevention and rehabilitation centers). Reproducible illustrations and learning materials for students are included. (LL)

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Preventing Injury

A Safety Curriculum

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Grades 3 and 4

ETR ASSOCIATES

Preventing Injury

A Safety Curriculum

Grades 3 and 4

Developed by
The University of Alabama at Birmingham
Department of Rehabilitation Medicine
Spain Rehabilitation Center

E T R A S S O C I A T E S
Santa Cruz, California
1992

ETR Associates (Education, Training and Research) is a nonprofit organization committed to fostering the health, well-being and cultural diversity of individuals, families, schools and communities. The publishing program of ETR Associates provides books and materials that empower young people and adults with the skills to make positive health choices. We invite health professionals to learn more about our high-quality resources and our training and research programs by contacting us at P.O. Box 1830, Santa Cruz, CA 95061-1830.

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INTRODUCTION

Because few injuries are as physically and emotionally devastating as spinal cord injury (SCI) and traumatic brain injury (TBI), the focus of this curriculum is on those kinds of injuries. Most of the activities included in *Preventing Injury: A Safety Curriculum* have potential applications and impacts for other trauma prevention in children. Nevertheless, the focus here is on prevention of spinal cord injury and traumatic brain injury because it is likely to be more comprehensible to children since it is more concrete, and because there are few other injuries short of those leading to death, in childhood, which are more worthy of prevention efforts.

The curriculum's operating assumption is that if awareness of catastrophic injury can be established early in children's lives, as well as knowledge of ways to avoid such injury, they will grow into the high-risk age group (ages 15 to 20 years) with better formed attitudes, beliefs, and appropriate behavioral strategies concerning risky behaviors that can lead to spinal cord and traumatic brain injury. This prevention program is aimed at young children because it is during the younger years that behavioral patterns are formed which become increasingly more difficult to modify as the child enters adolescence.

Preventing Injury: A Safety Curriculum is based on principles and approaches of child development, early childhood education, and prevention psychology. As health-persuasive messages, the curriculum is designed to increase children's perceptions of (1) vulnerability or susceptibility to SCI or TBI, (2) the severity of the problem, (3) response efficacy (i.e., that there are effective ways to prevent SCI and TBI, and (4) self-efficacy (i.e., that the child can do the safe behavior. It is designed so that children gain enhanced understanding of cause-effect relationships and the rationale for safety principles to help them generalize beyond the precise situations taught in the curriculum. Furthermore, the curriculum aims to enhance the perception that safe behavior is "smart and cool." Finally, the curriculum includes behavioral rehearsal, practice, and interactive elements with reinforcement to enhance learning, longer-term retention, and behavior performance in the real world outside the classroom.

Preventing Injury: A Safety Curriculum is a Preschool through 6th grade program. It has been organized in four levels: Preschool and Kindergarten; Grades 1 and 2; Grades 3 and 4; and Grades 5 and 6. Developed by teachers for teachers, special attention has been given to ease of implementation by classroom teachers. The curriculum has been extensively pilot-tested and thoroughly evaluated by researchers at the Department of Rehabilitative Medicine, University of Alabama at Birmingham.

Spinal Cord Injury: You May Want to Know...

Some basic anatomy:

The spinal cord acts as the relay through which brain and body communicate. All incoming and outgoing information (nerve sensations, movement commands, etc.) pass through the spinal cord. It is organized so that nerves to the upper half of the body are connected to the upper portion of the spinal cord; nerves to the lower half of the body are connected to the lower portion of the spinal cord. The spinal cord is very delicate. *Cerebrospinal fluid* surrounds and cushions the spinal cord. The spinal cord has its own bony, protective covering—the *spinal column*—which is made up of thirty *vertebrae* sitting on top of one another. There are four types of vertebrae and a different number of each: eight *cervical*, 12 *thoracic*, five *lumbar* and five *sacral*.

Spinal cord injuries...

...are either *complete* (i.e., the cord is severed and there is no sensation or movement from that point down) or *incomplete*, (i.e., some of the cord remains intact and some movement or sensation is still possible). In either type of injury, the message path connecting the brain and the body is disrupted. This is why a person with spinal cord injury is unable to feel or move certain parts of his or her body, even when there is no damage to that body part or to the brain. A person with *paraplegia* has a loss of movement and sensation in the lower part of his or her body (e.g., the legs). A person with *quadriplegia* has a loss of movement and sensation in both the upper and lower parts of the body (e.g., the arms and legs).

Many years ago, SCI almost inevitably resulted in death. Medical advances have drastically changed this picture. Today, many persons with spinal cord injury have a nearly normal lifespan. There are more than 300,000 persons with SCI in the U.S., and about 7,500 new injuries occur every year.

Some statistics:

- Almost two-thirds of all SCIs occur in the 16 to 30 year-old age group.
- Most spinal cord injuries (82%!) are sustained by males.
- In the high risk age group, 55% of spinal cord injuries are suffered in motor vehicle accidents, 22% in violent acts, 10% in sports activities and 7% in falls.
- Spinal cord injuries occur more frequently in daylight hours and during the summer months; most of these injuries occur on weekends.

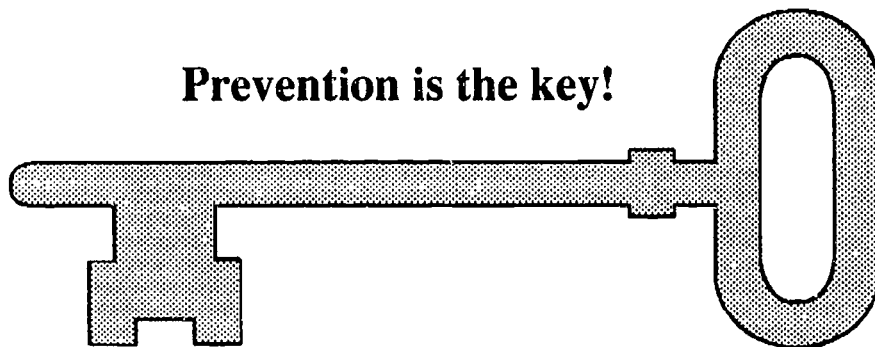
Life after spinal cord injury:

Persons with SCI often must adjust to significant handicaps that radically change their lives. Continuing medical care is required. Voluntary bladder and bowel functions may be lost. Most persons with SCI develop urinary complications requiring medical intervention; nearly a quarter develop pressure sores. Extensive renovations to homes often are necessary to facilitate movement in a wheelchair: ramps must be installed, doorways widened, and carpets removed. In addition to physical disruptions, persons with SCI experience disruptions in their social life: everything from normal social interactions to marriage and sexual functioning may be adversely affected. Psychological adjustment is often an ongoing process; depression and anxiety are common.

There is no cure for spinal cord injury...

...once damage is done, it is probably permanent. While there are some stories in the newspapers about persons who overcome overwhelming odds to walk again, these so-called "miracle" recoveries are extremely rare and indicate incomplete injuries. More than 90% of SCI patients with complete lesions show no improvement in functional abilities at the time they are discharged from the hospital.

Prevention is the key!



The source for the information presented in this section is:

Stover, S.L., and Fine, P.R. (Eds.) *Spinal Cord Injury: The Facts and Figures* (1986) The National Spinal Cord Injury Statistical Center, University of Alabama at Birmingham: Birmingham, AL.

Traumatic Brain Injury: You May Want to Know...

Some basic anatomy:

The brain acts as the control station for the human body, regulating all bodily functions. The brain is made up of over 10 billion nerve cells and can be divided into several distinct areas. The **brainstem** is located at the base of the brain and is responsible for such basic functions as respiration and pulse. The **cerebellum** is connected to the upper rear portion of the brainstem and coordinates motor movement. The **cortex**, the largest portion of the brain, is responsible for the highest of human behaviors. The cortex is divided into two halves or hemispheres (left and right) which are about the same size. In most people, the left hemisphere is responsible for language and the right hemisphere for spatial tasks. Each hemisphere is responsible for movement and sensory functions on the opposite side of the body. The brain is very delicate. Its consistency is similar to that of jelly. The skull protects the brain. **Cerebrospinal fluid** circulates around and through the brain to offer further protection.

A traumatic brain injury...

...can result from an **open head injury** in which the brain is exposed to air (e.g., a gunshot wound), or from a **closed head injury** in which the brain is not exposed to air (e.g., a concussion). Loss of consciousness is not uncommon with brain injury. It may last for no more than a few seconds, or may continue for months or years. If a person remains unconscious for more than a brief period of time, he or she is said to be in a **coma** (the person is unable to open his or her eyes, speak or respond to commands). A person who remains unconscious for at least six hours usually is said to have a **severe brain injury**. A person who does not lose consciousness or is unconscious for less than thirty minutes is said to have suffered a **mild brain injury**.

Some statistics:

- About seven million brain injuries occur annually in the U.S., with an estimated 500,000 requiring hospitalization.
- Nearly two-thirds of these brain injuries occur in the 10 to 29 year-old age group; more than two-thirds of those who are injured are male.
- Brain injuries occur in more than two-thirds of all motor vehicle accidents, and are often the cause of death in motor vehicle-related fatalities.
- One study reported that less than 14% of their subjects who sustained brain injuries were wearing safety belts at the time of their accidents.
- In motorcycle accidents, almost half of persons sustaining brain injuries were not wearing helmets (many in states with helmet laws!).
- More than one in ten brain injuries occur as the result of interpersonal violence; most of these injuries are related to domestic problems.

The most significant contributing factor to brain injury...

...appears to be alcohol; one study found alcohol in the bloodstream of nearly three-quarters of patients with brain injury. The majority of brain injuries occur on the weekend, the peak hours being between 3:00 p.m. and 7:00 p.m.

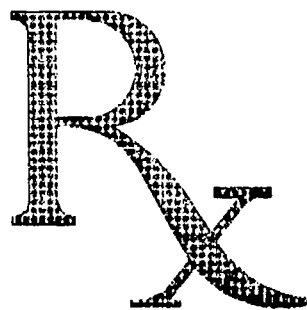
The population most at risk for traumatic brain injury...

...are people who have had a previous brain injury. The likelihood of a second brain injury is three times as great as the first one. The effects of brain injury are cumulative. A mild brain injury might leave little or no after effects, but a second or third mild injury can produce significant impairment. Consider the boxer who becomes "punch drunk." This condition is caused by the cumulative effects of many mild brain injuries.

Medical advances have led...

...to an ever increasing number of survivors of brain injury. However, fourteen percent of these TBI survivors (70,000 new patients each year) are not considered self-sufficient enough to manage their activities of daily living. Half of these people require institutional care, the other half are cared for by family members. Problems with communication, motivation, gait and balance, sexual functioning, cognitive processing and loneliness are common. Many patients have injuries that affect a number of these areas simultaneously. Tasks that were once taken for granted, such as dressing or bathing, can become major operations. A brain injury does not have to be severe to have an impact on a person's daily functioning. Patients with mild brain injury often experience dizziness and memory problems as long as three months after their injury. The prognosis for persons with traumatic brain injury is often uncertain: in many cases, damage is diffusely spread throughout the brain, making it difficult to predict which functions will improve and which will not.

Prevention is the best treatment!



The sources for the information presented in this section are:

Jennet, B.H. Scale and scope of the problem. and Rimel, R.W., Jane, J.A., Bond, M.R. Characteristics of the head injured patient. In Rosenthal, M., Griffith, E.R., Band, M.R., Miller, J.D. *Rehabilitation of the Adult and Child With Traumatic Brain Injury, 2nd Ed.* Philadelphia: Davis, 1990.

What Happens After a Spinal Cord Injury or Traumatic Brain Injury?

After the immediate medical crisis...

... patients with SCI or TBI often are transferred to a *rehabilitation hospital* (or rehabilitation unit within a hospital). These facilities help patients adjust to living with their disabilities. Their goals are to maximize the patients' quality of life and to foster the development of independent living skills. Numerous disciplines are involved in helping patients achieve these goals. *Rehabilitation medicine specialists* are medical doctors who assess the physical limitations and strengths of their patients. *Physical therapists* teach patients to exercise weakened areas and to use the strong ones in ways that compensate for their weaknesses. *Psychologists* assess cognitive impairments caused by injuries and how these impairments will affect patients' return to community living. They also provide counseling to patients and their families. *Occupational therapists* help patients learn to perform daily tasks such as cooking and cleaning.

Returning home:

Most patients return home after stays in rehabilitation programs. Thus these programs act as bridges between intensive medical care and community living. They offer the patient an opportunity to experience community living within the relative safety of a rehabilitative atmosphere. The goal of these programs is to ensure that at the time of final discharge, patients are as prepared as possible to cope with their changed lifestyles. Although rehabilitation can do much to improve patients' quality of life, there are likely very few persons with SCI or TBI who would agree that their lives are as good as they were prior to their injuries—and who would not return to those life styles if given the opportunity.

CURRICULUM FORMAT

Materials developed for this curriculum span preschool through sixth grade and have been divided into four levels: Preschool-Kindergarten; Grades 1 and 2; Grades 3 and 4; and Grades 5 and 6. Each level contains eight units: Spinal Cord and Brain Injury Awareness; Motor Vehicle Safety; Pedestrian Safety; Bike Safety; Playground/Recreational Sports Safety; Preventing Falls; Weapons Safety; and Water Safety.

Each unit includes the following information:

LIFESTYLE GOALS: Lifestyle goals for this curriculum are optimal life-long health behaviors. Successful completion of the curriculum can provide the basis for more comprehensive health education in later years. The lifestyle goals listed in each unit provide the foundation upon which more specific learning objectives and unit activities are built.

LEARNING OBJECTIVES: The learning objectives state the knowledge, skills, and abilities that students should acquire upon completion of the activities in the unit.

UNIT ACTIVITIES: Activities which address the learning objectives for the unit are described in detail. The objectives addressed by a particular activity are noted beside each activity title (for example, *Obj. 1, 2, 6*).

Since each level of the curriculum covers two grades, several activities are included to accommodate the differences in students' ages. It is **not** necessary to perform all activities in order to achieve the unit's learning objectives. For example, activities are included in the Preschool-Kindergarten Level which may be effective for three year old children, but not challenging enough for five year old children; likewise, some of the activities listed may be suitable for five year old children, but may be too complicated for younger children.

UNIT I:

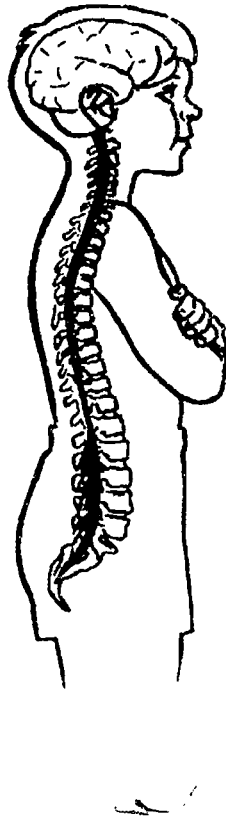
SPINAL CORD AND BRAIN INJURY AWARENESS

The purpose of this unit is to teach children basic information about the structure and function of the brain, skull, spine, and spinal cord (i.e., the central nervous system and the structures that protect it). It is important for children to understand that while the skull and the spine provide some measure of protection, severe injuries still can damage the brain and spinal cord permanently. Unit activities describe how the body functions after a spinal cord injury or brain injury and stress that normal functions are often permanently lost.

Our approach in this curriculum is to increase children's awareness of—and feelings of vulnerability to—brain and spinal cord injury, but then to relieve any anxiety about such injuries by showing children how they can best be avoided. If you have not done so already, you may wish to review the general introductory material for this program (pp. v - xii), which describes in some detail the structure and function of the brain and spinal cord (and what happens when either is injured).

SPINAL CORD AND BRAIN INJURY AWARENESS

(Grades 3 and 4)



LIFESTYLE GOALS

- I. Understand the vulnerability of the brain, skull, spine, and spinal cord to injury
- II. Identify positive alternatives to risk-taking behaviors

LEARNING OBJECTIVES

1. Locate the brain and spinal cord and know how they work together to control body functions
2. Know the physical effects of brain and spinal cord injuries
3. Identify risky behaviors and positive alternatives
4. Demonstrate safety steps to follow if someone is injured

Activity 1:**Meet Your Animal Safety Friends** Obj. 3

Animal characters were chosen to represent various aspects of our Spinal Cord Injury and Traumatic Brain Injury Prevention Curriculum. These characters were developed based on input from children in several elementary grades to ensure that they would appeal to these age groups. One character (Mr. Goof) consistently behaves in unsafe ways. The other characters depict safer alternatives.

Below are descriptions of each "safety friend" for your information. Pictures of these animal characters appear on pages 7 through 17. Show your class the picture of each animal as you read the introduction on the back of the picture.



Rachel Raccoon (page 7) represents automobile safety because of her agile, humanlike hands (which she uses to buckle the safety belt) and her industrious and clever nature. She always sits in her car seat with her safety belt fastened properly and observes all safety rules.

Tuttle Turtle (page 9) represents bike safety because of his cautious manner, and because of the shell which provides built in protection for his spinal cord. Although his shell can be representative of a bike helmet, he still wears a helmet on his head to prevent a brain injury. Tuttle always wears his bike helmet and follows all safety rules when riding his bike/trike.

Alli Cat (page 11) represents playground safety and fall prevention because of her cautious nature and her ability to land on her feet. She is agile and acrobatic and shows children safe behavior for gymnastic and playground activities.

Duffy Dog (page 13) teaches safe behavior around guns, knives, and other weapons. He shows children what to do when they are faced with potentially dangerous situations, such as finding a gun or being pressured by friends to play with guns or knives.

Daisy Dolphin (page 15) represents water safety because of her gentle, friendly nature and her ability to communicate with other animals. Daisy is an expert swimmer and diver who gives the children safety tips to use while they're having fun in the water.

Mr. Goof (page 17), a monkey, was chosen for his human-like characteristics and child-like personality: he is curious, full of energy, and intelligent enough to learn the safe/appropriate way to behave. Mr. Goof is impulsive and makes mistakes because he does not think ahead. The other animals model safe behaviors that will help Mr. Goof (and students, too!) prevent a brain or spinal cord injury.

Activity 2:**How Much Do You Know? Obj. 3**

Give each student a copy of the "Safety Rules Quiz - How Much do You Know" on page 19. Explain that this is not a test to be graded, but more a game of how much they already know. After they have completed all the questions, discuss their answers. Tell the students that these topics will be addressed in the units they will study during the next several weeks. The correct answers are: 1-F, 2-T, 3-T, 4-F, 5-T, 6-F, 7-F, 8-F, 9-F, 10-T, 11-F, 12-F. You may wish to use this activity as a "Pre-Post" test by administering the quiz again at the end of the curriculum and comparing test results.

Activity 3:**Think About It Obj. 1, 2**

Show your class the diagram of the brain, skull, spinal column and spinal cord on page 21. Explain that the skull surrounds and protects the brain. Next, describe how the spinal column is a series of bones stacked together to form a protective tube. Point out the spinal cord which runs through the column. Explain that the spinal cord is as big around as your little finger and is about 18 inches long.

Explain that the spinal cord is attached to the base of the brain. It serves as a messenger to and from the brain. If the spinal cord is damaged, the brain may not be able to send all of its messages to the body (like telling a leg to move) and the body may not be able to send all its messages back to the brain (like the bath water is too hot).

Emphasize the fact that once the spinal cord or brain is damaged, it cannot be repaired and, therefore, the movements and physical abilities that are lost will never come back.

Have the students sit at their desks with both feet flat on the floor. Each student should hold the sides of his/her chair with both hands. Tell the students to imagine they are unable to move from their neck down (as if they were quadriplegic). Ask various questions, reminding the students they are unable to move from the neck down.

- a. Can you hand me your math book?
- b. Can you close the door?
- c. How will you write your homework assignment?
- d. How will you dress yourself?
- e. How will you get in and out of a car?
- f. How will you bathe, use the restroom, or shampoo your hair?

This activity can be repeated or varied by having students imagine they are paralyzed from the waist down (paraplegia). Note that considerably more functional ability remains (dressing, eating, writing, etc.) when the arms are not affected. It would be very helpful to invite a person with a brain or spinal cord injury to come to class and describe how his or her life has changed since the injury.

Activity 4:

Risk-Taking and Safe Behavior Collage *Obj. 3*

[Materials needed: old magazines, two poster boards, glue]

Have the students bring old magazines from home. Show the students some examples of risk-taking behaviors and safe behaviors which you have found in magazines and discuss why the behaviors are risky or safe. Then have the students look for their own examples of risk-taking and safe behaviors. Have them paste or glue their pictures on two pieces of poster board, one for a risk-taking behaviors collage and one for a safe behaviors collage. Label the collages and display them in the classroom. Use the collages for further discussion of the effects of risk-taking behaviors and positive alternatives.

Activity 5:

Safety Song/Rap *Obj. 4*

Explain to students that the correct response to an accident can have significant impact on the seriousness of the injuries sustained. Write the following rules for emergency responses on the board:

- a. Whenever possible, do not move an injured person.
- b. Find an adult to help as soon as possible.
- c. Dial 911 or 0 for emergency assistance.

Tell where you are
Tell what happened
Give your name

- d. Wait with victim until help arrives

Review these rules with the students, then ask them to compose a song, jingle, or rap that incorporates the rules for emergencies.

Activity 6:**A Letter Home**

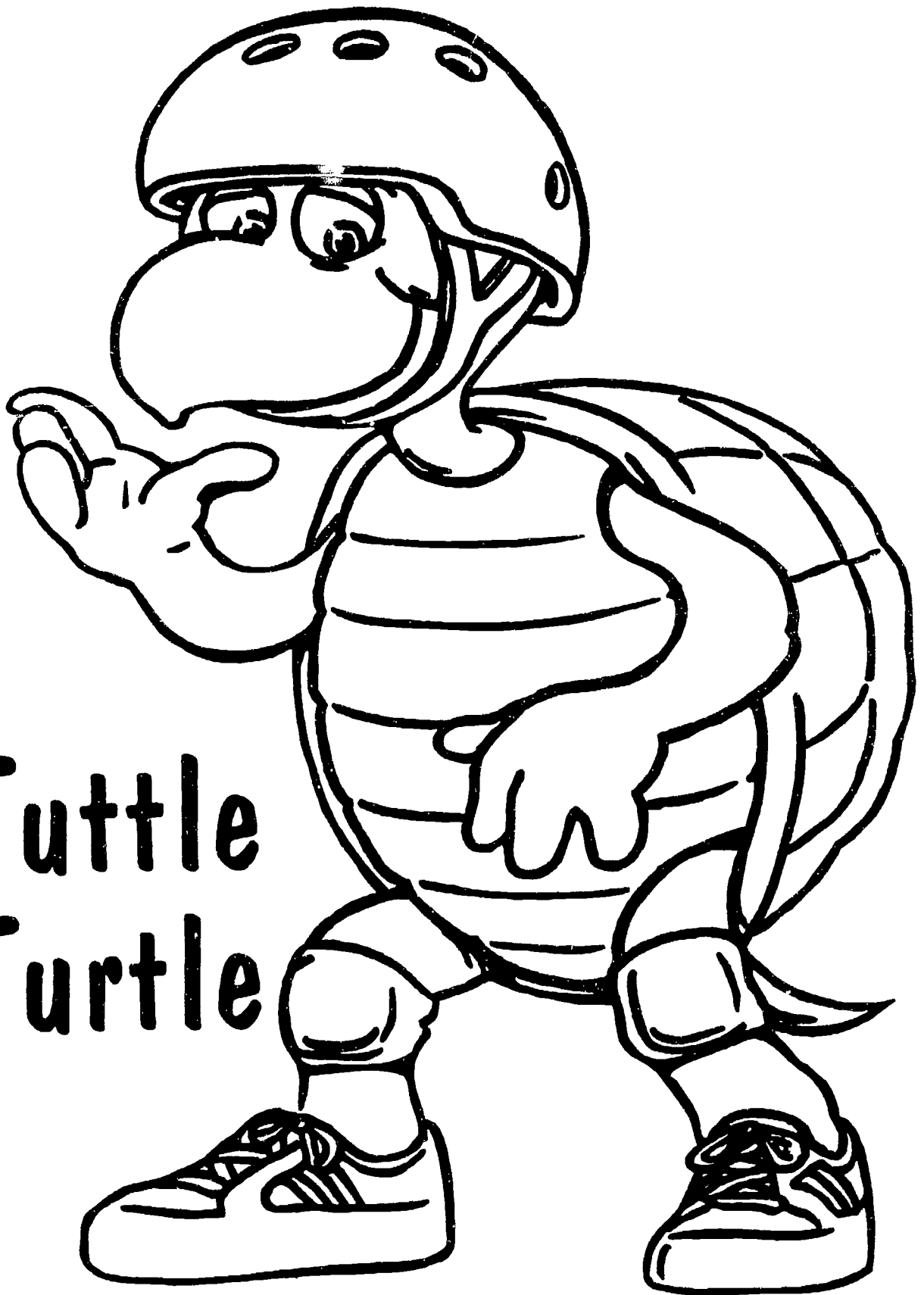
Make copies of the letter on page 23 for your students to take home to their parents. Explain that they can show their parents some of the things they are doing to learn about spinal cord and brain injury prevention, and that they may need their parents help to complete some activities. Have each student fill in the date and greeting blanks appropriately, then sign his or her letter.



Rachel
Raccoon

Rachel Raccoon

HI! My name is Rachel Raccoon. I use my hands to buckle my safety belt every time I get in the car—and YOU should use your hands to buckle your safety belt every time you get in a car, too! Stick with me and I will show you how to be a safe and smart rider.



**Tuttle
Turtle**

Tuttle Turtle

HI! My name is Tuttle Turtle. I have a built-in shell which protects me when I ride my bike. You may not have a built-in shell, but you can wear a helmet when you ride your bike. I'll show you how to be a safe bike rider.



Alli
Cat

Alli Cat

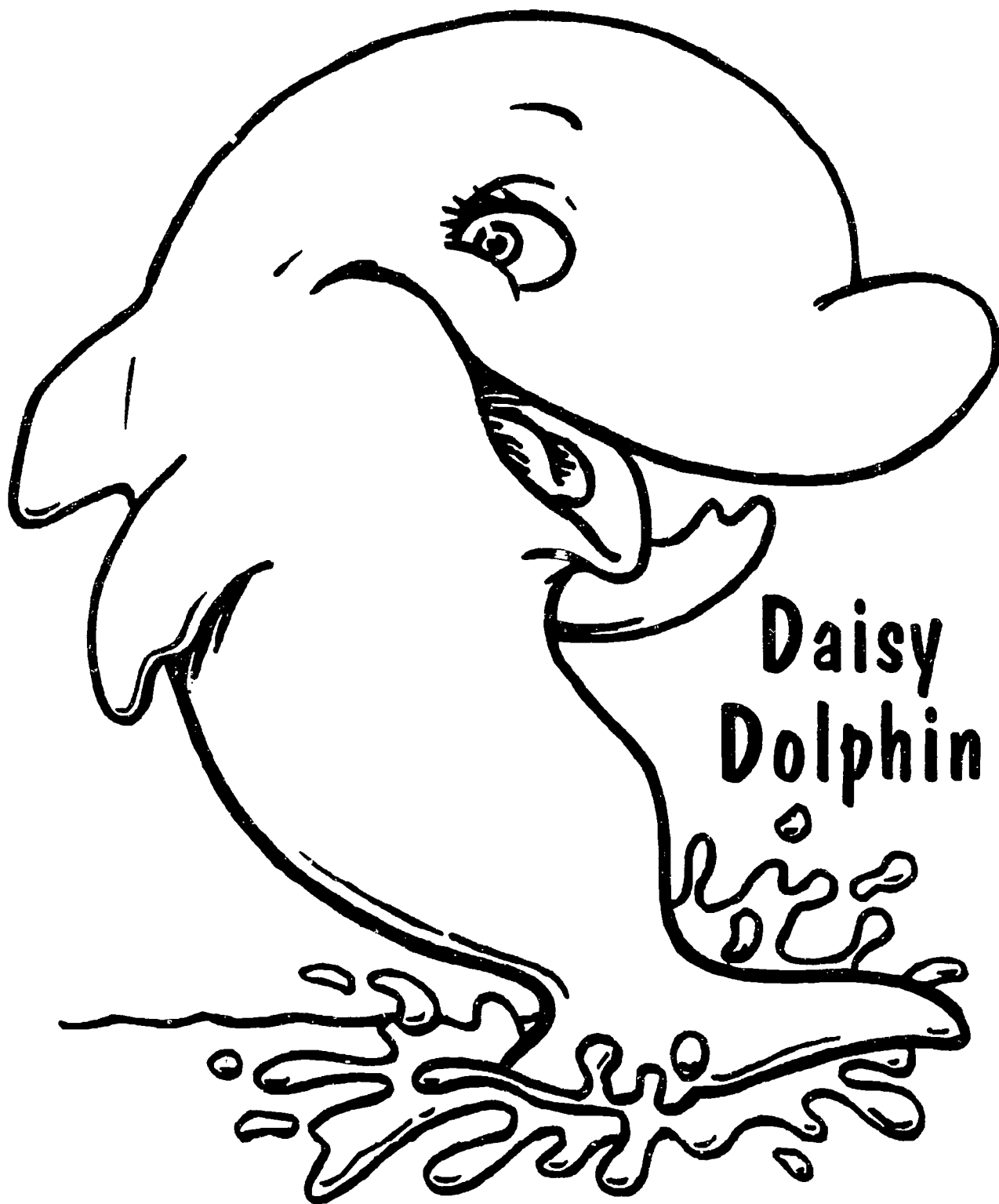
HI! My name is Alli Cat. Because I am a safe cat, I always land on my feet when I fall. Since you may not always land on your feet when you fall, I'll show you how to keep from falling on the playground or at home.

Duffy Dog



Duffy Dog

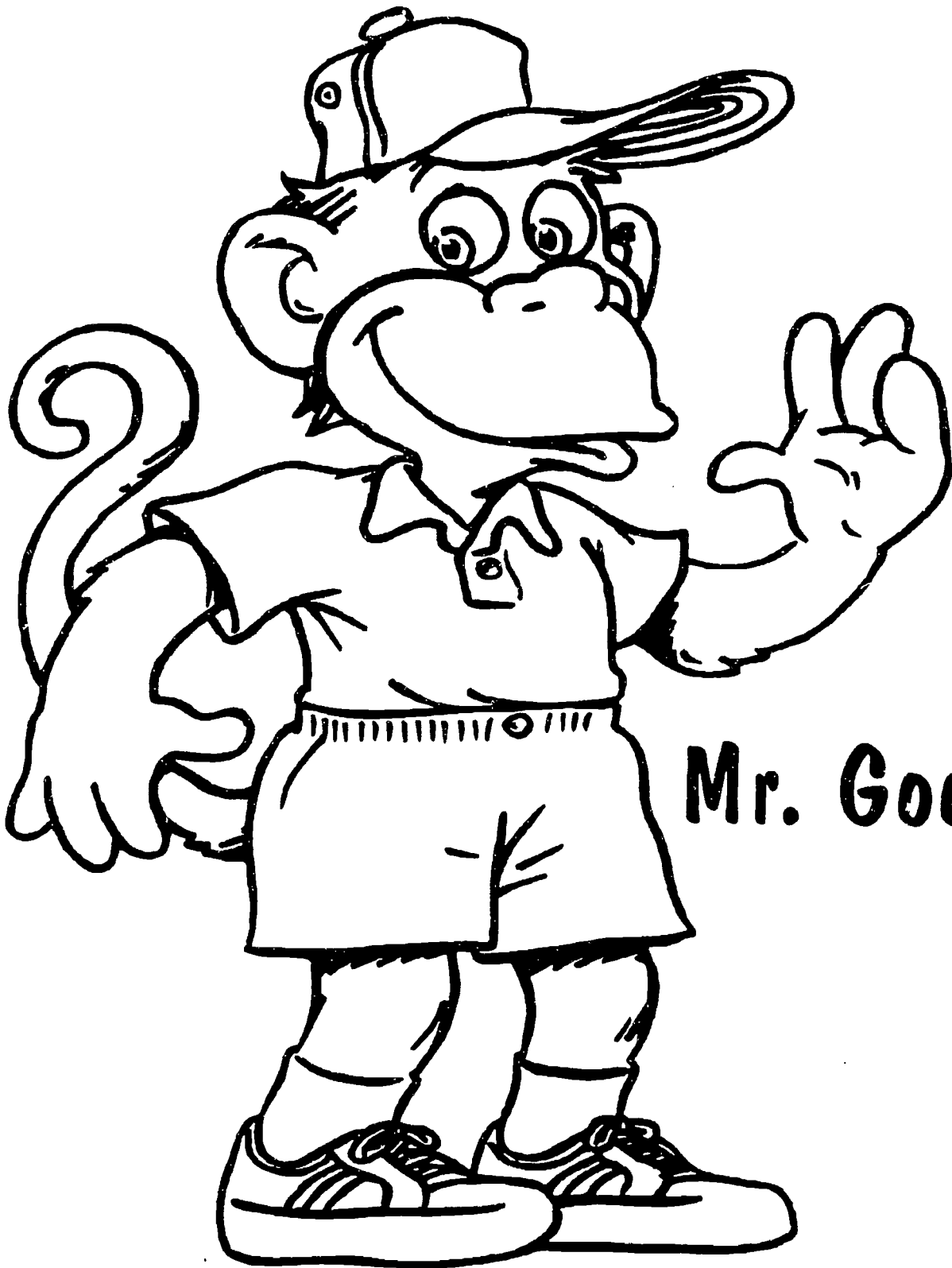
HI! My name is Duffy Dog. I never touch dangerous things like guns or knives unless my parents are there and say it's O.K. I'll show you the safe way to act if you see a gun or a knife.



Daisy
Dolphin

Daisy Dolphin

HI! My name is Daisy Dolphin. Dolphins are good swimmers, and we're smart. I'll show you how to be safe and smart when you're having fun in the water.



Mr. Goof

Mr. Goof

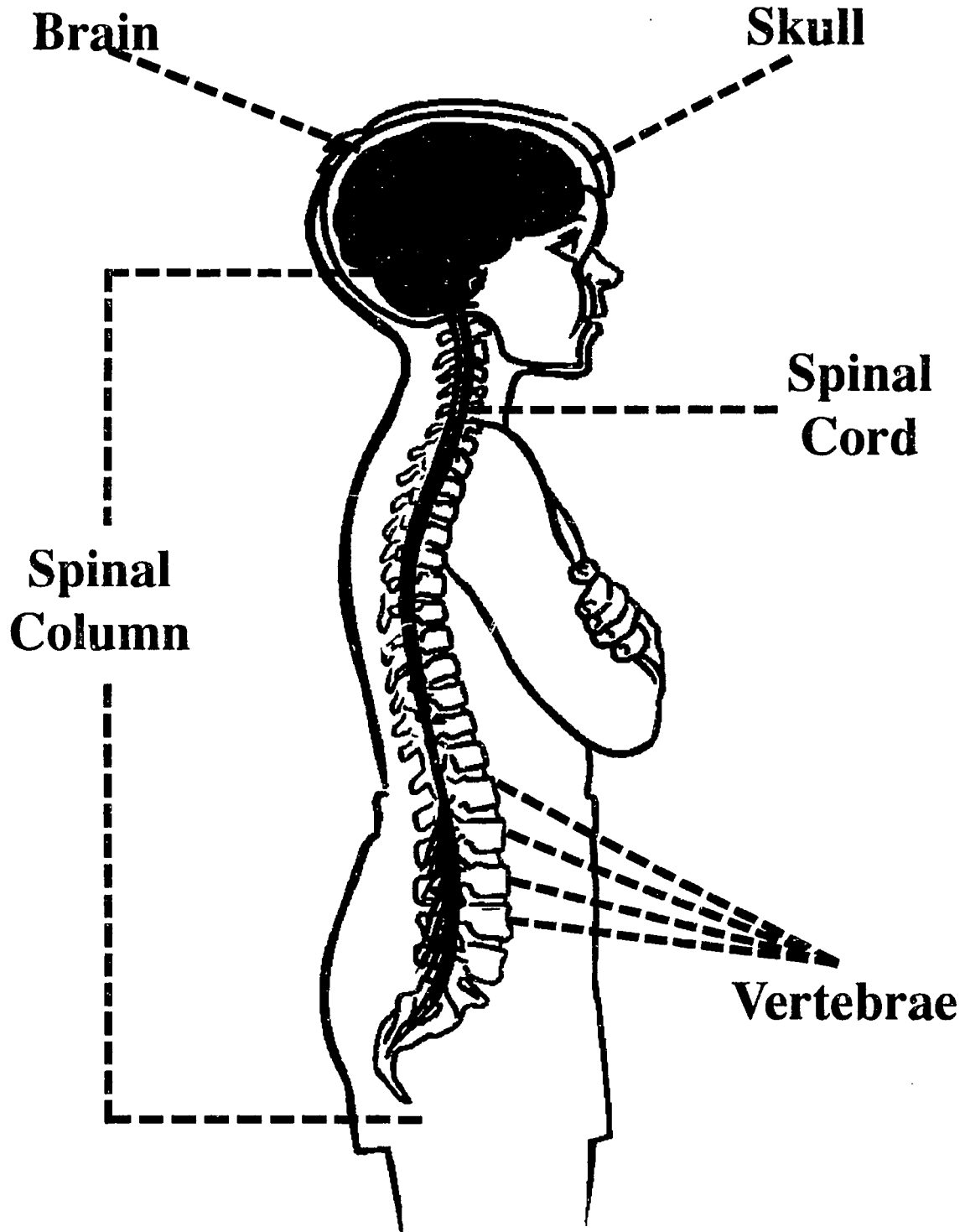
Hi! My name is Mr. Goof. I love to have fun, but just like my name says, I usually goof up. I'm lucky to have so many friends to show me how to be safe, because it's no fun to get hurt! Will you help me learn?

SAFETY RULES QUIZ - HOW MUCH DO YOU KNOW?



Answer each of the following questions by circling either "T" for true or "F" for false:

1. You should wear a bike helmet only in a bike race. T or F
2. You should always check how deep the water is before jumping or diving into the water. T or F
3. You should never point a gun at a person, even if you know it is not loaded. T or F
4. You need to buckle your safety belt only if the car is going fast. T or F
5. You should never swim alone. T or F
6. You cannot hurt your brain or your spinal cord by falling down. T or F
7. Playground injuries are never serious. T or F
8. A helmet will not protect your skull when you are on a skateboard T or F
9. Adults don't need to wear safety belts. T or F
10. You should wear a safety belt if you are going only a short distance from home T or F
11. It's not necessary to wear a safety belt in the back seat of a car T or F
12. If you find a gun, you should pick it up carefully and take it to someone or put it where it belongs T or F



Date _____

Dear _____ ,

I brought this letter home to let you know that I will be learning about what I can do now and the rest of my life to prevent serious injuries like spinal cord and brain injuries. About 7,500 people are paralyzed permanently from spinal cord injuries every year and 500,000 receive brain injuries, some of which permanently affect that person's ability to think, work, remember, go to school, and live independently. My teacher tells me that many of these injuries are avoidable; for example, always wearing a safety belt is very important.

I need to learn these things now, when I am young, so that I will know how to behave safely and prevent injuries to myself and others. Also, I need to learn these things now so I will know what to do when I am on my own and I can't count on you to protect me anymore. I'll be learning about what the spinal cord and brain do, and I'll be learning about motor vehicle safety, pedestrian safety, bike safety, playground/recreational sports safety, preventing falls, weapons safety, and water safety. I'll be doing some of these activities at home. I hope you will ask me about them, help me when I need it, and encourage me to put into practice the things I learn about safety. Who knows, maybe someone else in the family could benefit from what I learn as well.

Love,

UNIT II:

MOTOR VEHICLE SAFETY

Motor vehicle accidents are the leading cause of brain and spinal cord injuries nationwide. It has been shown conclusively that correctly using safety belts is the most effective means of preventing serious, disabling injuries in motor vehicle accidents. The main goal of this unit is to establish a "habit" of buckling up at an early age. Rachel Raccoon is the safety animal for this unit.

MOTOR VEHICLE SAFETY

(Grades 3 and 4)



LIFESTYLE GOALS

- I. Use a proper restraint device at all times
- II. Understand the rules and signs designed to promote traffic safety
- III. Practice safe passenger conduct to assist the vehicle driver

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Describe and identify different occupant restraint devices
2. Recognize proper and improper use of restraint devices
3. Identify the benefits of using safety restraints
4. Identify traffic signs and signals which promote automobile safety
5. Identify the benefits of obeying traffic rules and signals

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Activity 1:**Restrain Yourself** *Obj. 1*

Read the following questions and discuss them with your students. Make copies of page 31, "Safety Belt Survey," as a homework assignment. Discuss the students' surveys the next day in class.

- a. What are some examples of restraint devices? [safety belts, shoulder harness, child car seats, air bag, lap belts]
- b. What do restraint devices do?
- c. How many of you use restraint devices? All of the time? Some of the time?
- d. How many of your parents use restraint devices? All of the time? Some of the time?

Activity 2:**What Should I Do** *Obj. 2, 3, 5*

Discuss the consequences of improper use of these safety restraints. Next, read the following situations and questions to the class and discuss the students' answers.

Situation One:

Rachel is riding home from school with a friend. No one in the car is wearing a safety belt. What would Rachel do?

Has this ever happened to you? What did you do?

What if the other children were teasing you for buckling up—What would you do?

What if you could not find your safety belt—What would you do?

Situation Two:

Mr. Goof is riding home from school with his mom. He is in a hurry to get home and see his favorite T.V. show. Mr. Goof tells his mom that she doesn't need to stop at the stop sign, because he doesn't see any other cars coming. What should Mr. Goof's Mom do?

Have you asked a parent to disobey traffic safety rules? What did your parent do?

Activity 3:**Safety Belt Sign-In Sheet** *Obj. 3*

Have students keep a log of their safety belt use for two to three days, keeping track of the following: where they went, who went with them, whether or not they used safety belts. Discuss the results in class. Post any logs which reveal a 100% buckling up record. You may want to repeat this activity to see if an increased number of perfect logs can be recorded.

A sample chart appears on page 33.

Activity 4:**Rachel's Traffic Safety Maze** *Obj. 4, 5*

Copy the Traffic Safety Maze on page 35 and give to your students. You may also wish to make an overhead transparency of the maze so your students can watch as you trace the routes outlined below. Read the following directions to your class:

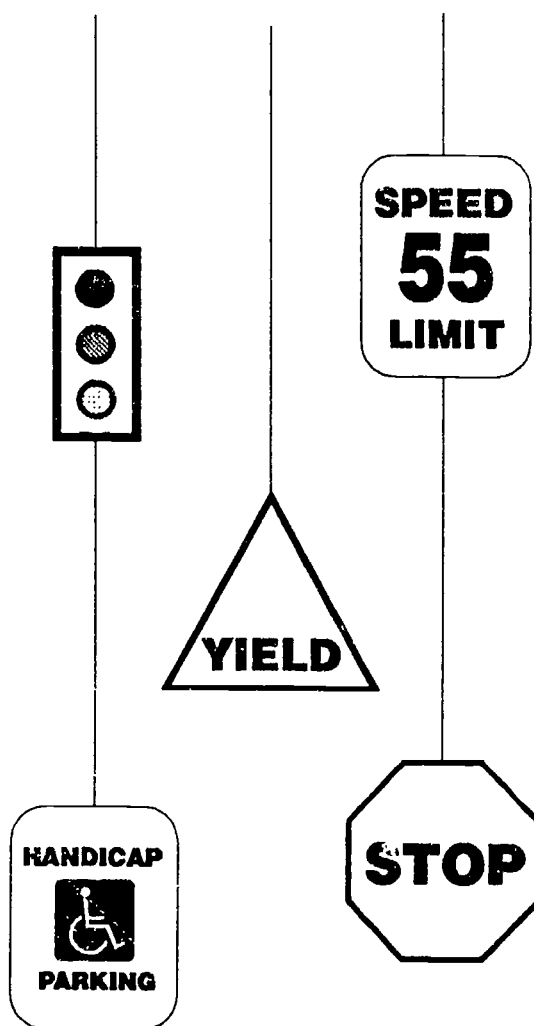
1. Begin in the driveway of HOME SWEET HOME. Imagine you are riding to school in a car. What should the driver do before entering the road? [Stop, look, and listen]
2. Turn left out of the driveway and ride down to the FOUR WAY STOP where you turn left again. What is unsafe on this road? [Slippery when wet]
3. Next, turn right at DANGEROUS INTERSECTION. Remember to follow directions as you pass the fountain. What traffic sign is missing at the end of this road? [Stop sign]
4. Turn left and travel down this road until you come to a barrier. What is it? [Rock slide]
5. This has turned out to be an unsafe way to get to school! Start again at HOME SWEET HOME and try to find the safe way to get to school (located next to FINISH). Use a red crayon or ink pen to trace your trip. Circle every traffic sign or signal that you obey on your journey.

Tell the students that they may pick any one of several possible routes to get to school. While they may not cross a river where there is no bridge, or bypass a "road closed" sign, they *may* imagine that they wait for the train to pass, the drawbridge to close, or the school crossing guard to let traffic pass. Have students explain why they chose their routes, and how they travelled safely.

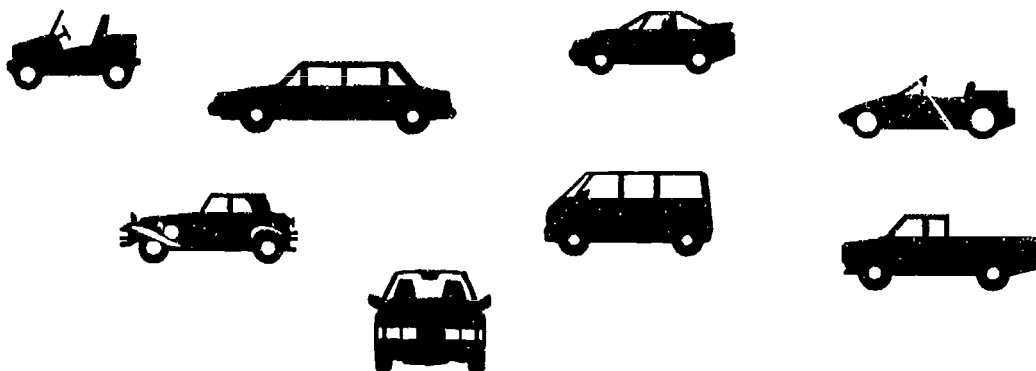
Activity 5:**Traffic Sign "Auto" - Mobile** *Obj. 4, 5*

[Materials needed: coat hangers, yarn, construction paper, markers, crayons, or paint, hole puncher, tape, scissors, and paste]

Make a "Traffic Sign Mobile." Give each student a coat hanger. Have the students make traffic signals by cutting, pasting, painting, etc. Have the students punch a hole in each traffic sign or signal and tie it to their hangers. The completed mobiles can be displayed in the classroom. Discuss the purpose of the signs and the consequences of ignoring them.



SAFETY BELT SURVEY



Homework Assignment: Survey your cars at home and collect the following information.

Our car is a YEAR: _____

MODEL: _____

It has _____ lap belts.

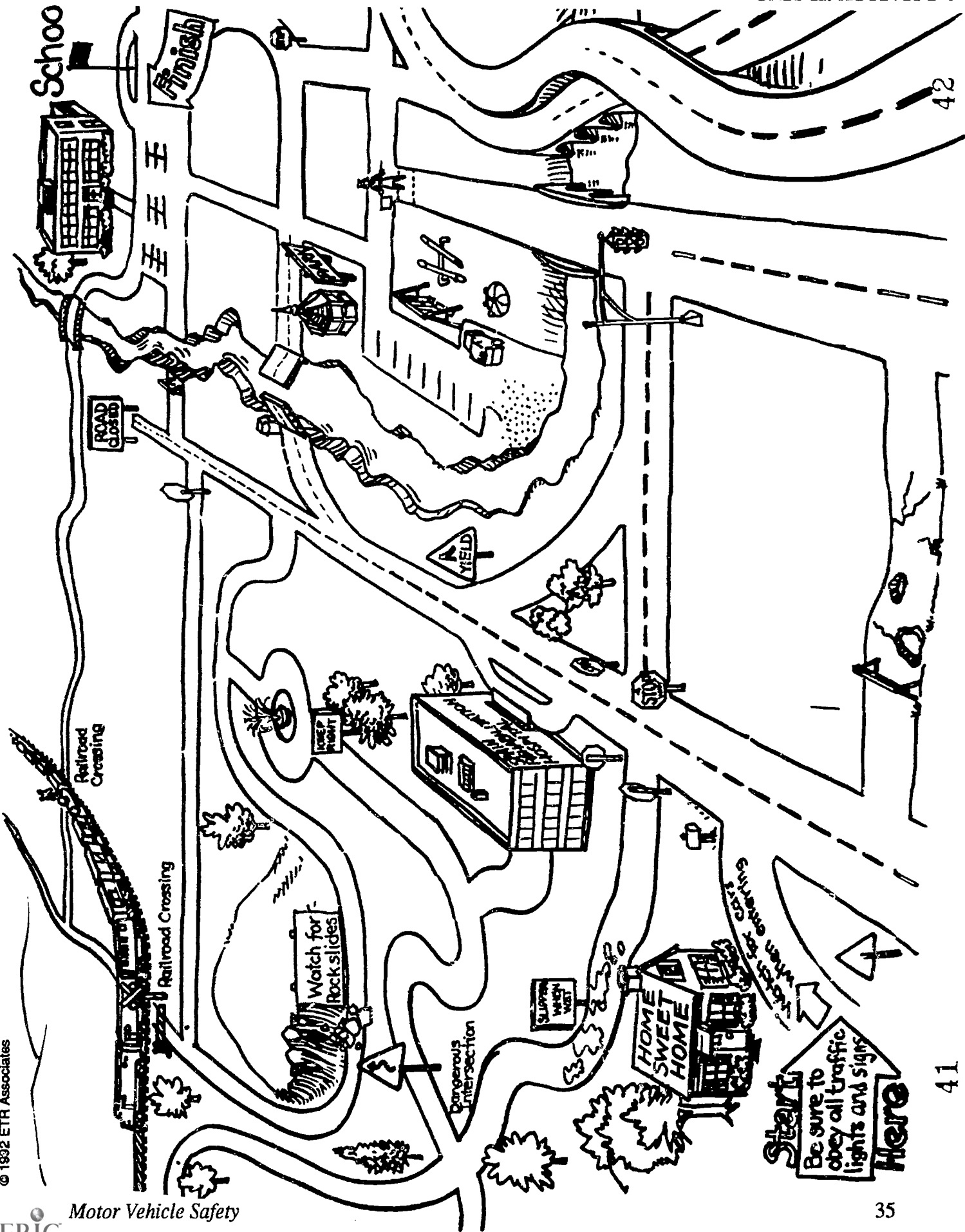
It has _____ shoulder belts

It has _____ air bags.

It has enough lap and shoulder belts for _____ people to ride safely.

SAFETY BELT SIGN-IN SHEET

Where	Who Went	With Belts	Without Belts



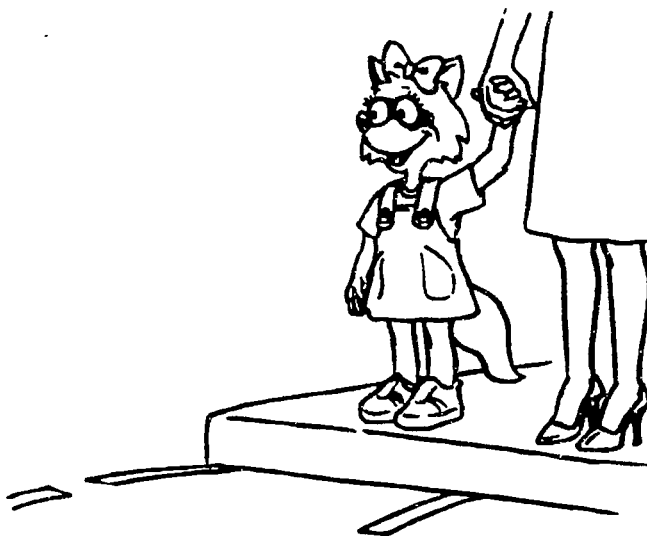
UNIT III:

PEDESTRIAN SAFETY

In our fast-paced lives, many of us have become better jaywalkers than pedestrian safety advocates. The goal of this unit is to instill "pedestrian patience" as well as review pedestrian safety tips and safety signs. Rachel Raccoon is the safety animal in this unit.

PEDESTRIAN SAFETY

(Grades 3 and 4)



LIFESTYLE GOALS

- I. Recognize potential hazards for pedestrians in streets and parking lots
- II. Practice "safety first" in crossing public streets
- III. Obey signs and signals for pedestrian safety

LEARNING OBJECTIVES

1. Demonstrate the safety rule of "Stop, look both ways, and listen"
2. Identify signs and signals which apply to pedestrians
3. Demonstrate the proper way to cross a street

Activity 1:**Rachel's Pedestrian Safety Tips** *Obj. 1-3*

Discuss the safety tips on page 41 with your students, then post for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

Activity 2:**Advertising Pedestrian Safety** *Obj. 1-3*

[Materials needed: art paper and materials; videocamera and film optional]

This activity will actively engage students in pedestrian safety. By this age, most students know the rules for pedestrian safety, so this will give them the opportunity to review the rules while teaching the rules to younger children. Tell the students they are going to use their creative abilities to produce a commercial on pedestrian safety. Tell them they may draw on commercials they have seen, but to try to be original and use their own talents. The students may want to use their artistic abilities to produce posters, traffic signs, signals, etc. The students should consider the use of visual aids, acting techniques, and simulation. Generate a class discussion of ideas so every group will get off to a good start. Divide the students into groups of four or five. Give the groups the opportunity to work on this activity for several days. Make arrangements for the students to visit the lower grades at the end of the week to share their (live or videotaped) commercials. Encourage the students to discuss and share thoughts on pedestrian safety with the younger students.

Activity 3:**Pedestrian Kids' Quiz** *Obj. 1-3*

Make copies of the quiz on page 43 for students. Allow them to complete their quizzes, then discuss the answers. A field trip to discuss the relevance of traffic signals to pedestrians would also be helpful at this point.



PEDESTRIAN SAFETY TIPS

1. Remember to stop,
look both ways, and listen.
2. Walk on the left side of the road
(against the flow of traffic).
3. Wear reflective clothing when
walking at night.
4. Obey all traffic signs and signals.
5. **BE ALERT!**



PEDESTRIAN KIDS' QUIZ: WALKING SAFELY



Read each statement. Think about RACHEL'S PEDESTRIAN SAFETY TIPS. Circle "T" for true statements and "F" for false statements.

1. You should walk on the left side of the street. T or F
2. Traffic signs and signals are only for cars. T or F
3. If you obey the "Walk" and "Don't Walk" signs, you still need to watch for cars T or F
4. You should wear reflective clothing only when walking at night on busy streets. T or F
5. It is OK to run across a street in the middle of a block if traffic is slow. T or F

UNIT IV:

BIKE SAFETY

Bike helmets and other protective gear have been shown to save lives and prevent serious brain injuries. Bike racing has gained popularity in recent years. The fact that the helmets and pads worn by these racers are so highly visible makes using such safety gear more acceptable to young bike riders. The goal of this unit is to establish a habit-forming routine of wearing bike helmets and other safety equipment when riding bikes, even on the shortest rides. Tuttle Turtle is the safety animal in this unit.

Activity 1:**Tuttle's Bike Safety Tips** *Obj. 1-5*

Discuss the safety tips on page 49 with your students, then post for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

Activity 2:**Check It Out** *Obj. 3, 5*

Copy the bike diagram on page 51 and distribute to your students. Discuss the important safety checkpoints. Emphasize that brakes, chain, and tire pressure should be checked regularly. Ask for a bike rider volunteer to bring his or her bike into the classroom for a demonstration. Have the class identify the different parts of the bike, how they function and how to check each part for safety before riding. Have the students take the bike safety checklist home and apply it to their own bikes. The checklist should be reviewed and signed by a parent before the student brings it back to class.

Activity 3:**Imagine This** *Obj. 1, 3*

Make copies of page 53 for your students to complete. Have students share their answers.

Activity 4:**Tuttle's Bike Race for Safety** *Obj. 1-5*

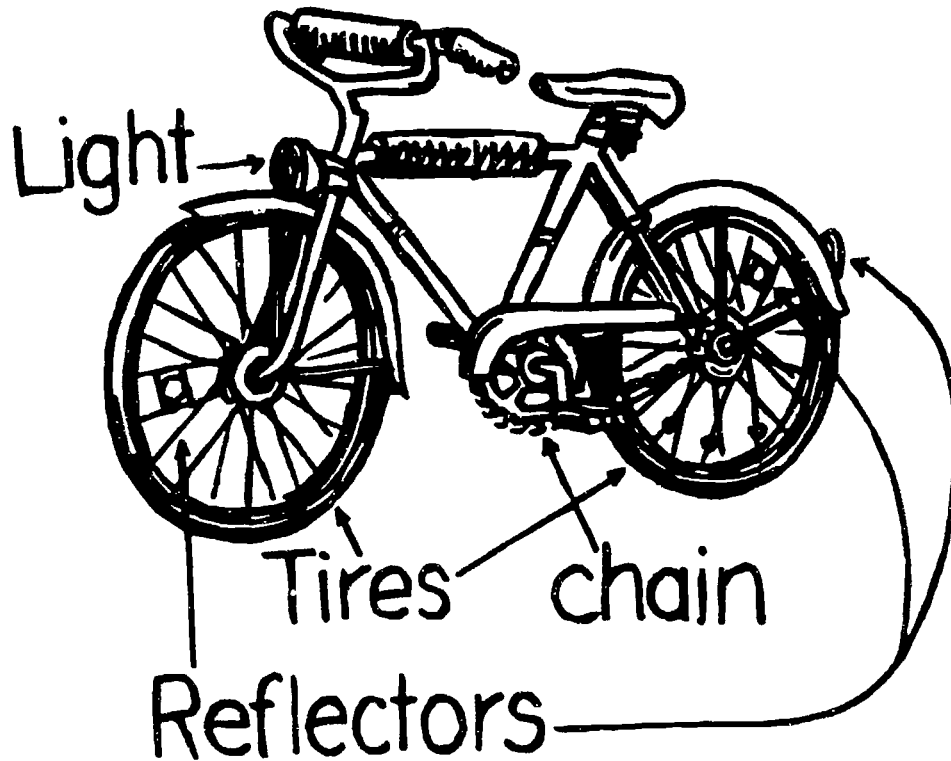
[Materials needed: colored thumb tacks]

Play the following game with your students. Copy the gameboard printed on page 55 and post on an easily-viewed class bulletin board. Divide the class into two teams, and use colored thumb tacks as team place markers. Use the questions on page 57 to conduct the race. Questions should be asked of students sequentially within teams so that every student has an opportunity to answer at least one question. A correct answer moves the team's marker ahead one space on the game board. Alternate between teams as you ask the questions; the first team to reach the end of the game wins. (Note, however, that you should allow the team which started second to try to tie if the first team finishes while the second team is only one space behind on the game board.)

BIKE SAFETY TIPS

- 1. Always wear a helmet and shoes.**
- 2. Always ride on the right side of the road (with the flow of traffic).**
- 3. Avoid loose gravel, wet pavement, and bumpy roads.**
- 4. If your parents let you ride your bike at night, always wear light colored clothes and use bike reflectors and a headlight.**
- 5. Always check your bike before riding.**
- 6. Be a courteous biker.**

CHECK IT OUT



Examine your bike and place a check mark next to the safety features you have:

- | | |
|-------------------------|--------------------------|
| Properly Inflated Tires | <input type="checkbox"/> |
| Reflectors | <input type="checkbox"/> |
| Working Brakes | <input type="checkbox"/> |
| Working Light | <input type="checkbox"/> |
| Helmet | <input type="checkbox"/> |

IMAGINE THIS

Imagine that you are each person listed below, and explain why it is important for you to wear a safety helmet.



Football Player



Bike Rider



Telephone Lineman



Astronaut

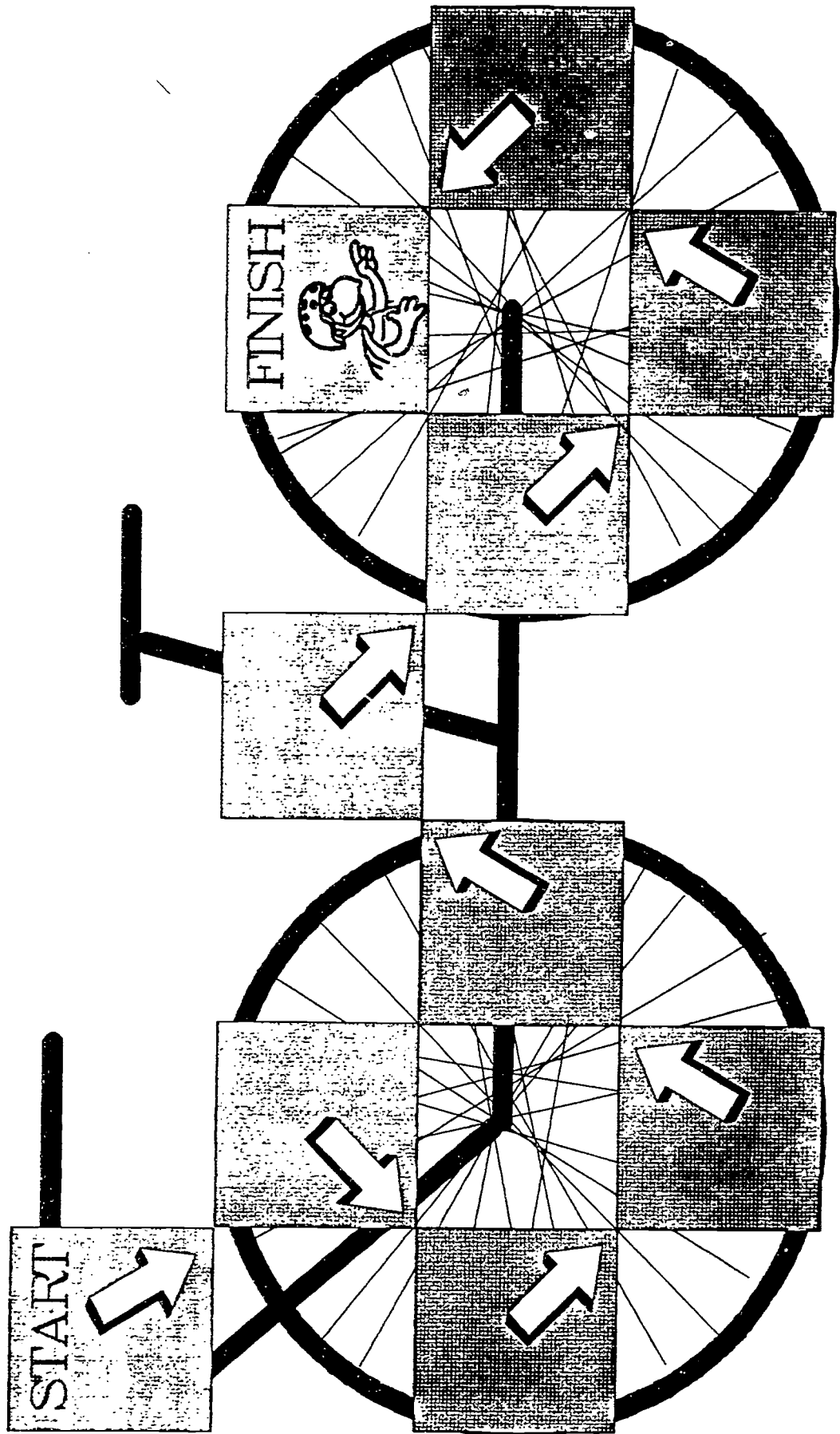


Racecar Driver

Who else needs to wear a helmet, and why?

Have you worn a helmet when playing football, batting a baseball, or playing some other sport? If so, do you think it helped to prevent injuries? How?

Do you wear a helmet when you ride your bike? Do you think a bike helmet is really necessary? How might it prevent you from getting injured?



TUTTLE'S BIKE RACE FOR SAFETY

GAME QUESTIONS

1. Name one thing every bike should have on it for safety. [*Possible answers: Brakes, reflectors, padded seat, etc.*]
2. Name something else every bike should have on it for safety.
3. What does a yellow, triangular (three-sided) sign usually mean? [*Yield*]
4. What does a red, octagonal (eight-sided) sign usually mean? [*Stop*]
5. When riding your bike in traffic, do you ride on the right or left side of the road? [*On the right side of the road*]
6. Give a hand signal for a right turn. [*Hold left arm straight out (perpendicular to the ground); bend the arm at the elbow so that the forearm is straight up with the hand flat*]
7. Give a hand signal for a left turn. [*Hold left arm straight out with the hand flat*]
8. Give a hand signal for slowing or stopping [*Hold left arm straight but at a 45-degree angle toward the ground with the hand flat*]
9. Name something you should check on your bike before riding it [*Tires, chain, brakes, etc.*]
10. Name something else you should check on your bike before riding it.
11. Give an example of courteous bike behavior [*Using hand signals, yielding to pedestrians, giving plenty of room for pedestrians and other bikers, etc.*]
12. Give another example of courteous bike behavior.
13. What is the most important thing to wear when riding a bike? [*Helmet*]
14. Name something you should NOT wear when riding a bike [*Sandals, shoes with loose laces, loose clothing which might get caught in the chain, etc.*]
15. Is a loose gravel path a safe place to ride bikes? [*No*]
16. Is a driveway a safe place to ride bikes? [*Yes (If it is OK with parents)*]
17. Name a safe place to ride bikes. [*Bike trail, bike lane, yard, park, etc.*]
18. Name another safe place to ride bikes.
19. Bike stunt riding should only be attempted by _____. [*Professionals*]
20. If you ride at night, you should wear _____ clothes. [*Light-colored or reflective*]
21. When you must ride on wet ground, what is an extra precaution that you should take? [*Give yourself extra time to come to a stop, be careful of skidding, etc.*]
22. When you must cross a street at a crosswalk with your bike, what is an extra precaution that you should take? [*Get off your bike and walk it across the intersection; stop, look, and listen; wait for a red light or walk signal; etc.*]
23. What is a possible problem if you have loose, baggy pants or loose shoelaces when riding a bike? [*The loose clothing or shoelaces may get caught in the bike's wheels or chain, causing you to have an accident*]
24. What is a possible problem if you are riding your bike barefooted? [*Your feet may be more easily injured if they get caught in a wheel or if you have an accident*]
25. What important body organ does a helmet protect? [*The brain. If the student says "head," ask him or her to be more specific*]
26. Why is the brain so important? [*It controls all body functions, from breathing to moving and thinking*]

UNIT V

PLAYGROUND/RECREATIONAL SPORTS SAFETY

Recreational activities, both on the playground and in organized sports, are an important outlet for children. However, safety awareness is essential to reduce the number of recreational accidents (sports activities are the fourth leading cause of spinal cord injury). Alli Cat will introduce the safety tips for this unit.

PLAYGROUND/RECREATIONAL SPORTS SAFETY
(Grades 3 and 4)

LIFESTYLE GOALS

- I. Be aware of potentially dangerous situations in play areas
- II. Take responsibility for one's own safety on the playground
- III. Use proper equipment and appropriate clothing for selected sports
- IV. Follow rules of the game/sport
- V. Practice conditioning before and after exercise
- VI. Recognize the dangers of using motorized recreational vehicles.

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Identify hazards of inappropriately using playground equipment
2. Be aware of the possible consequences of playing in unsafe areas
3. Be aware of the possible consequences of not following the rules or dressing appropriately for recreational activities
4. State the importance of warming up before and cooling down after exercise
5. Ride a motorized recreational vehicle as safely as possible (if the decision is made to ride one)

Activity 1:**Alli Cat's Sports Safety Tips Obj. 1-4**

Discuss the safety tips on page 63 with your students, then post for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

Activity 2:**Design Craze Obj. 3**

[Materials needed: Paint, crayons, and/or markers; construction paper and/or poster board]

Tell your students to imagine that they are the owners of a sports equipment company. Their company's philosophy is "Safety First!" Have them design a magazine advertisement which will "showcase" their equipment and emphasize its safety features. Display finished ads on a bulletin board.

Activity 3:**Situation Solver Obj. 1-3**

Read the following situations and ask your students what they would do:

- a. A storm develops while you are playing outside.
- b. Some of your friends ask you to play football in a deserted construction site.
- c. You want to ride your skateboard, but you see it has a loose wheel.
- d. Your friends are daring you to jump off the top of the climbing frame.
- e. You want to join your friends in a game of tackle football, but you don't have a helmet.
- f. A friend of yours wants to join your baseball game, but he often throws the bat after getting a hit or when he is angry.



Activity 4:**Safety Sportscasters** *Obj. 3,4*

Divide the class into groups of three or four students. Have the class generate a list of different sports on index cards and give each group a card. This list can include organized team sports as well as individual sports such as: skateboarding, rollerblading, etc. -- whatever is of interest to your group. Tell each group that they have one week to produce the sports segment of a television news broadcast on the "SAFE-TV" network. Their assignment will be to inform their viewing public about the rules of their sport, the equipment required, and how people should warm up and cool down for the sport. The students should emphasize the connections between rules, equipment, and safety. Explain that they will need to do background research, such as interviewing the coach or athletic director of the school to obtain the information they need. Have the students "broadcast" their segments in class, demonstrating the safety rules and equipment for their audience. Have students act out various roles and bring in whatever equipment or audiovisual aids are necessary to help present their message in an interesting way.

**Activity 5:****Off-Road Risks** *Obj. 5*

Discuss the following potential hazards for recreational vehicles:

1. All-terrain vehicles and motorized dirt bikes have no protective coverings (no roof, no doors, and no safety restraints).
2. Light weight vehicles flip easily and passengers are often injured.
3. Riding on steep surfaces, unlevel surfaces, and unexplored trails may present unexpected dangers.
4. Obstacles which prevent a clear line of sight may cause uncontrollable accidents.
5. Riding alone (without an adult present) will reduce the chances of rescue in case of an accident.

SPORTS SAFETY TIPS

1. Walk and play at a safe distance from swings.
2. Warm up before and cool down after exercise.
3. Be courteous, don't push.
4. Only play on playground equipment that is in good condition.
5. Use caution when swinging sports equipment (bats, golf clubs, tennis racquets, etc.) -- make sure no one is standing too close!
6. Follow the rules of your sport.

UNIT VI

PREVENTING FALLS

Even the simplest accident involving a fall can result in broken bones and bruises; some can be even more serious: falls are the second leading cause of spinal cord injury, and also are a major contributor to traumatic brain injury. This unit provides some simple facts and tips that can help "fall-proof" homes and yards and teach children to become more vigilant about situations that can lead to falls.

PREVENTING FALLS

(Grades 3 and 4)



LIFESTYLE GOALS

- I. Understand the possible consequences of falls
- II. Recognize potentially hazardous situations in the environment which might lead to falls
- III. Recognize people at greater risk of falling (elderly, young children, pregnant women)
- IV. Take steps to reduce the risk of falling

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. State the possible consequences of pushing or jumping on someone
2. Identify people at greater risk of falling
3. Identify ways to "fall-proof" play areas

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Activity 1:**Alli Cat's Tips for Preventing Falls** *Obj. 1-3*

Discuss the safety tips on page 69 with your students, then post for class display. Have students memorize the tips and ask them to recite them periodically throughout the school year.

Activity 2:**Mr. Goof's House** *Obj. 3*

Copy page 71 and hand out to your students, then ask them to list each unsafe object or situation in Mr. Goof's house. Discuss the findings with the class. As an additional project, you may have students re-draw Mr. Goof's house as a place where the mischievous monkey can still have fun, but do so safely. Then ask the students which house looks more like their own house.

Activity 3:**Fall-Proof Productions** *Obj. 1-3*

[Materials needed (optional): cameras, cassette recorders, or videotape recorders; markers and posterboard]

Divide the class into small groups. Tell each group that it is the design team for "Fall-Proof Productions," responsible for designing a safety presentation on preventing falls (the presentation can be a TV commercial, radio spot, billboard, etc.—you may wish to tailor the students' activities to the media available, from videotape recorder to simple live class presentation). Assign each group one of the safety tips from this unit (you'll need at least three groups).

Activity 4:**Helping Hands** *Obj. 2*

Have each student write a short essay about a time they assisted someone who was at risk of falling. If they have never assisted a friend, elderly relative, pregnant woman, or other person in danger of falling, have students imagine helping someone in a risky situation. You may wish to have students read their essays to the class and allow other students to discuss what they might have done in the same situation.

Activity 5:**Clean Up Your Act Obj. 3**

Have students "fall-proof" the classroom, the hallways, and the playground. Keep a running list of hazards and post on the board. This would be a good activity to repeat over the year. Share your class's efforts with the school principal.

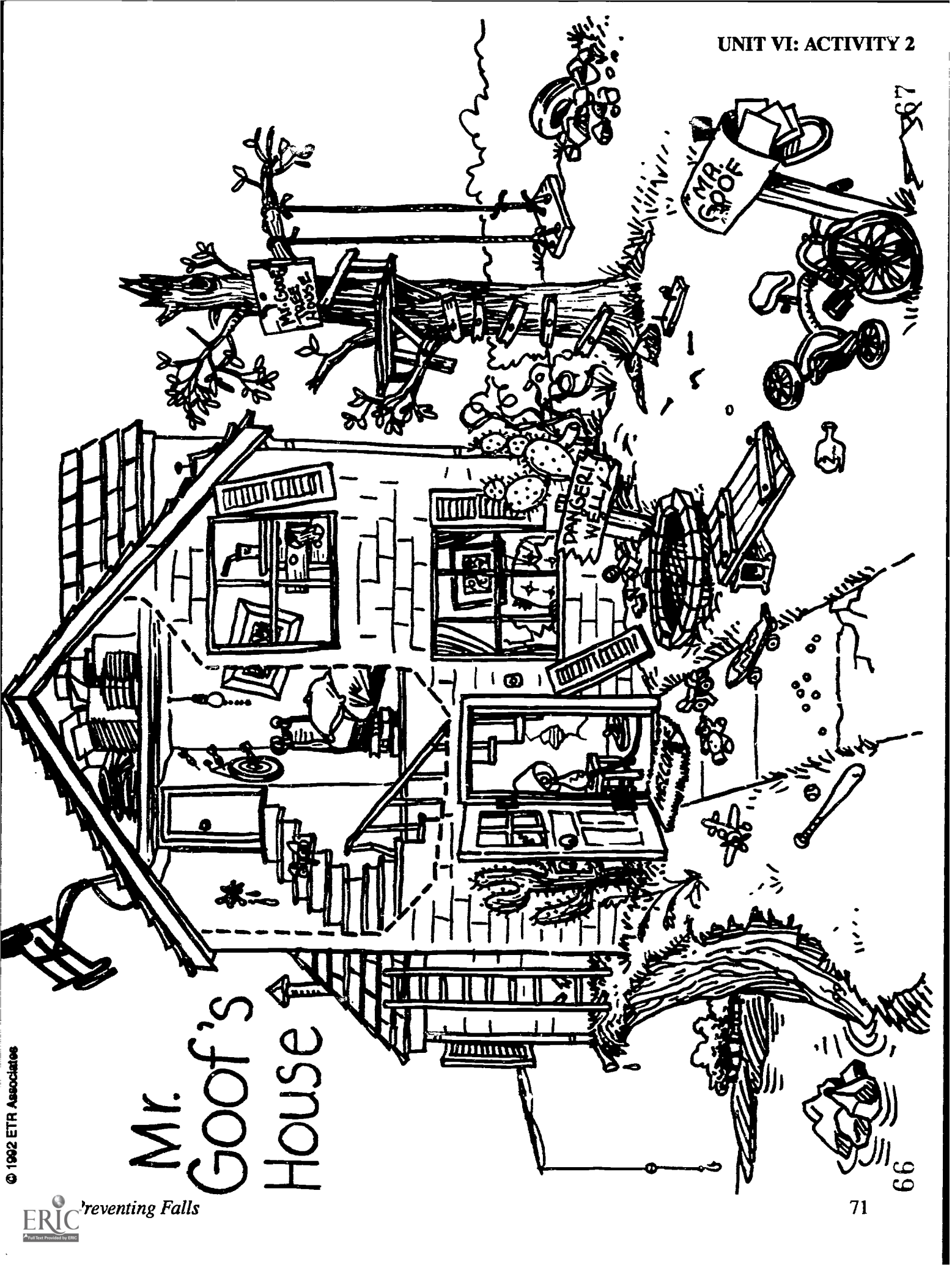


SAFETY TIPS for PREVENTING



- 1. Keep all areas clear from objects which can cause falls.**
- 2. Be courteous -- don't push!**
- 3. Watch your step.**
- 4. Use handrails on stairways.**
- 5. Don't take risks in the dark -- use a light.**

Mr. Goof's House



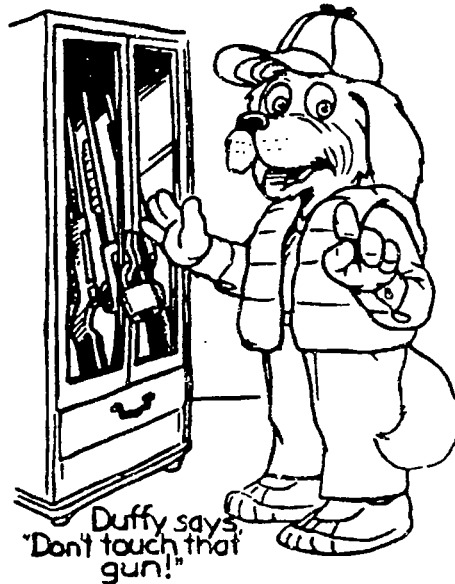
UNIT VII

WEAPONS SAFETY

Acts of violence are the third leading cause of spinal cord injury nationally (following motor vehicle accidents and falls). Most of these injuries are the result of gunshot wounds. The goals of this unit are to increase children's awareness of the potential for both brain and spinal cord injuries from weapons and to tell them what to do in potentially dangerous situations. This topic is a controversial one since many adults feel strongly about firearms and communicate their beliefs to their children. Some students' parents may believe guns should be feared and never handled; other parents may believe that guns are tools or sources of recreation which can be used safely by children under supervision. It may be best to emphasize the potential for danger when someone is using a firearm or other weapon inappropriately, and that children simply should not be handling firearms without supervision (whether they know how to do so or not). Duffy Dog, the safety character for this unit, is a pointer who "points out" appropriate and inappropriate responses to situations involving weapons.

WEAPONS SAFETY

(Grades 3 and 4)



LIFESTYLE GOALS

- I. Recognize potentially violent situations and act to avoid them
- II. Minimize personal risks when confronted with potentially violent situations
- III. Avoid unnecessary risk-taking behavior involving weapons which could result in acts of violence

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Identify potentially dangerous weapons or tools
2. Demonstrate what to do upon finding a weapon or dangerous tool
3. Identify what to do when in the presence of a child or an adult using or threatening to use a weapon

Activity 1:**Duffy's Weapons Safety Tips** *Obj. 1-3*

Discuss the safety tips on page 77 with your students, then post for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

Activity 2:**What Would You Do?** *Obj. 1, 2*

Divide the class into groups of four or five students. Read the following story aloud. Have each group complete the story by dramatizing the ending for the class.

Duffy and Mr. Goof were playing at Mr. Goof's house one day. They were having a great time playing games. They needed some paper to record their game scores, but didn't know where to find any. Mr. Goof's mom was upstairs, so they decided to find some paper on their own. Mr. Goof and Duffy looked around the room and saw a desk. They opened a drawer in the desk and saw a gun. Mr. Goof and Duffy were very surprised!

Think about what Mr. Goof and Duffy did when they saw the gun. Finish the story by dramatizing what Mr. Goof and Duffy did. Think of what you would do and let Mr. Goof and Duffy do the same.

Activity 3:**What Would Duffy Do?** *Obj. 3*

Copy the worksheet on page 79 for your students to complete.

Activity 4:**Fearsome/Friendly Forum** *Obj. 1*

Lead the students in a discussion regarding the uses of potentially dangerous weapons. First, have the students list several potentially dangerous toys, tools, weapons, or pieces of equipment to which they have access (BB guns, knives, bows and arrows, slingshots, etc.). List these along the left side of the chalk board. Beside each item, list student suggestions for using these items safely (first column) and dangerously (second column). Also, list the behaviors which should never occur.

TIPS FOR WEAPONS SAFETY

1. Do not touch or handle weapons or dangerous tools without permission from your parents.
2. If you find a weapon, **DON'T TOUCH IT** -- notify an adult at once.
3. If you see someone with a weapon, find an adult immediately.

What Would Duffy Do?



Read the situations below. Write a good response and a bad response for each event.

- A. Mr. Goof's friend brought a knife to school. He showed it to Mr. Goof during the restroom break. Mr. Goof knew it was against the rules to have a knife at school. Also, he knew his friend was angry at another boy in the class. What is a bad thing for Mr. Goof to do?

What would Duffy do?



- B. Mr. Goof was riding his bike close to his house. Two of his neighbors were having an argument in the yard. One of the neighbors pulled out a gun. What is a bad thing for Mr. Goof to do?

What would Duffy do?



- C. Mr. Goof's friend Mo likes to hunt. His family has guns locked in a gun cabinet. Mo calls Mr. Goof and tells him he is all alone, but he knows a way to unlock the gun cabinet, and that he and Mr. Goof can go hunting and get the guns back in the cabinet before his parents get back. What is a bad thing for Mr. Goof to do?

What would Duffy do?

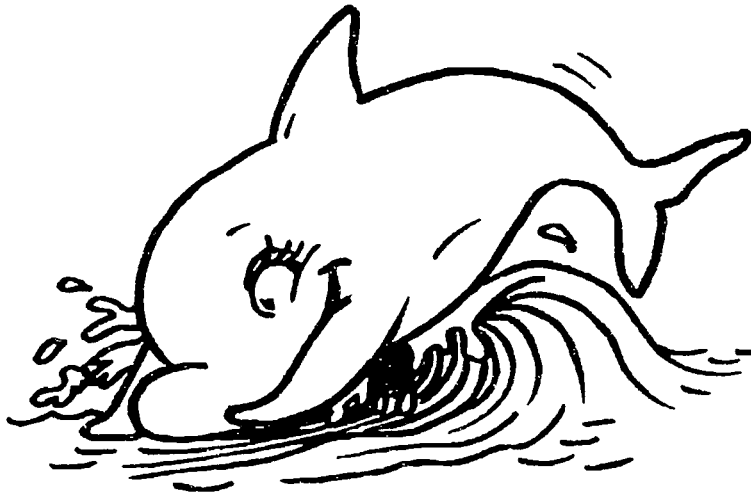


UNIT VIII:
WATER SAFETY

Water safety includes safety tips on swimming and diving in any body of water (pool, lake, etc.). Diving accounts for two-thirds of sports-related spinal cord injuries, so diving safety is emphasized in this unit. Safe water sports play is encouraged by giving precautions and positive alternatives. Awareness of the proper way to initiate water activities is demonstrated by this unit's safety animal, Daisy Dolphin. [This unit may be most effective if taught at the end of the school year just before swimming season.]

WATER SAFETY

(Grades 3 and 4)



LIFESTYLE GOALS

- I. Understand and apply safe diving and swimming practices
- II. Use approved water sport sites whenever possible

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Know the methods for assessing the safety of water environments
2. Demonstrate safe diving and how to safely enter unknown swimming areas
3. Identify protective gear for water activities and recognize when to use it

Activity 1:**Daisy's Water Safety Tips** *Obj. 1-3*

Discuss the safety tips on pages 85-89 with your students, then post for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

Activity 2:**Shifting Bottoms** *Obj. 1*

[Materials needed: 2 or 3 liter clear plastic drink bottle, sand, water]

Remove the paper or plastic covering from the bottle. Add some sand and fill the bottle with water. Lay the bottle on its side until the sand settles.

Have the students discuss the way the bottoms of oceans, lakes, and rivers can shift (change depth from day to day). To demonstrate, have a student shake the bottle gently so that the sand shifts. Have the students observe the change. Repeat the demonstration several times. Let each of the students shake the bottle and observe the changes in the sand. Emphasize the importance of checking the depth of the water every time you jump or dive because changes in the bottom can be frequent and may not always be visible.

Activity 3:**Water Safety Sea Shells** *Obj. 1-3*

[Materials needed: 18" or 24" brightly-colored posterboard or construction paper; crayons, markers or paint; staples or tape; newspaper; yarn, string or cord; hole puncher; scissors; pencil. Optional materials: "Beach music" or ocean sounds tapes; lemonade; ice chest; sunglasses; suntan lotion; beach towels; life jackets; etc.]

You may want to use the optional materials to set the mood for this activity. Review "Daisy's Water Safety Tips" and lead a class discussion about risk-taking behavior and safe alternatives. Instruct the students to design and cut a "Safety Shell" out of the posterboard or construction paper (you may need to assist your students with this; see the sample patterns on page 91). Have the students use crayons, markers, or paint to write and/or illustrate water safety tips on their shell. Hang the finished shells on a line in the classroom or hallway to remind the students of water safety.

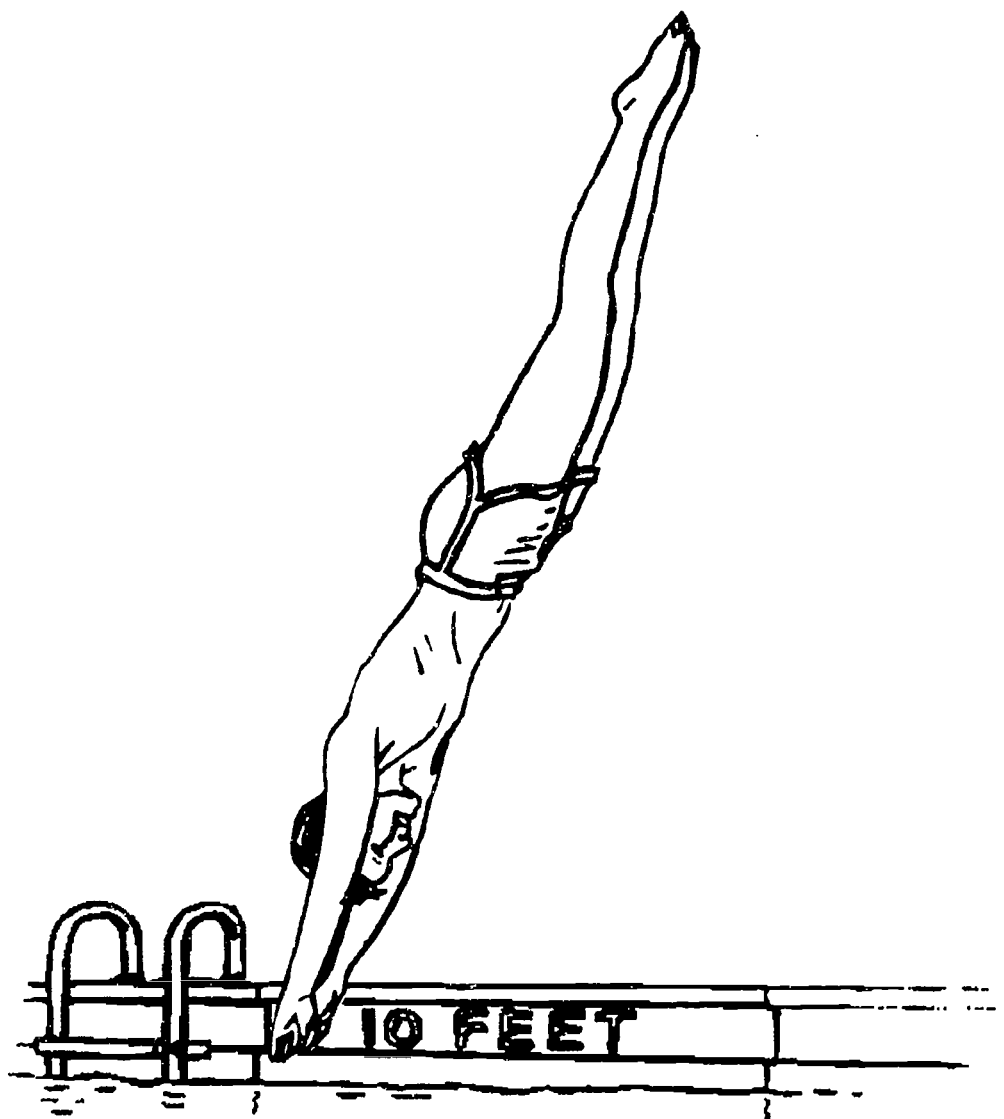


Activity 4:**Keep Mr. Goof Safe** *Obj. 1-3*

Make copies of the pictures on page 93, and hand out to your students to complete. Tell the students to fill-in what Daisy is telling Mr. Goof to do (or not do) to be safe in each example picture. Remind your students that they don't have to take risks in order to have fun in the water.

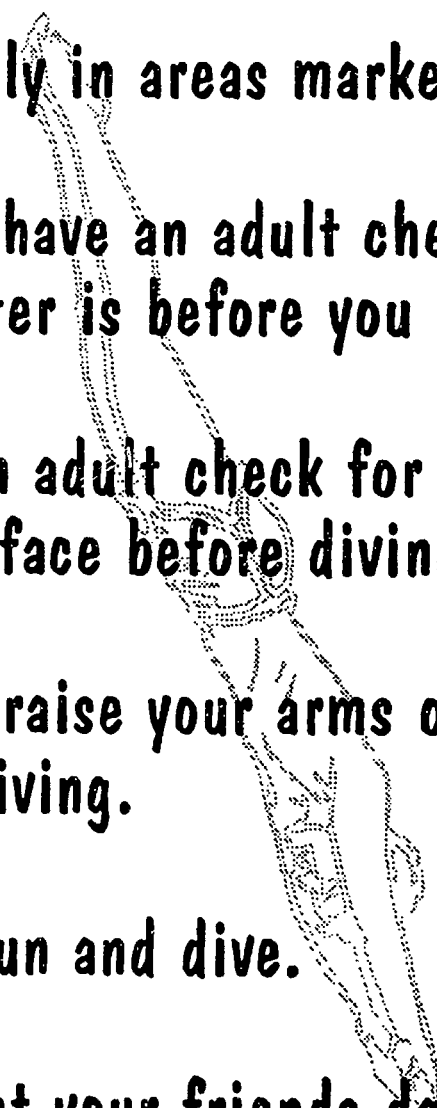
Activity 5:**Field Trip** *Obj. 1-3*

Take your class on a field trip to your local YMCA or other Red Cross certified pool. Arrange for a demonstration of safe diving techniques. If a field trip is not feasible, show your class one of the films on diving and water safety listed in the Resource Section.



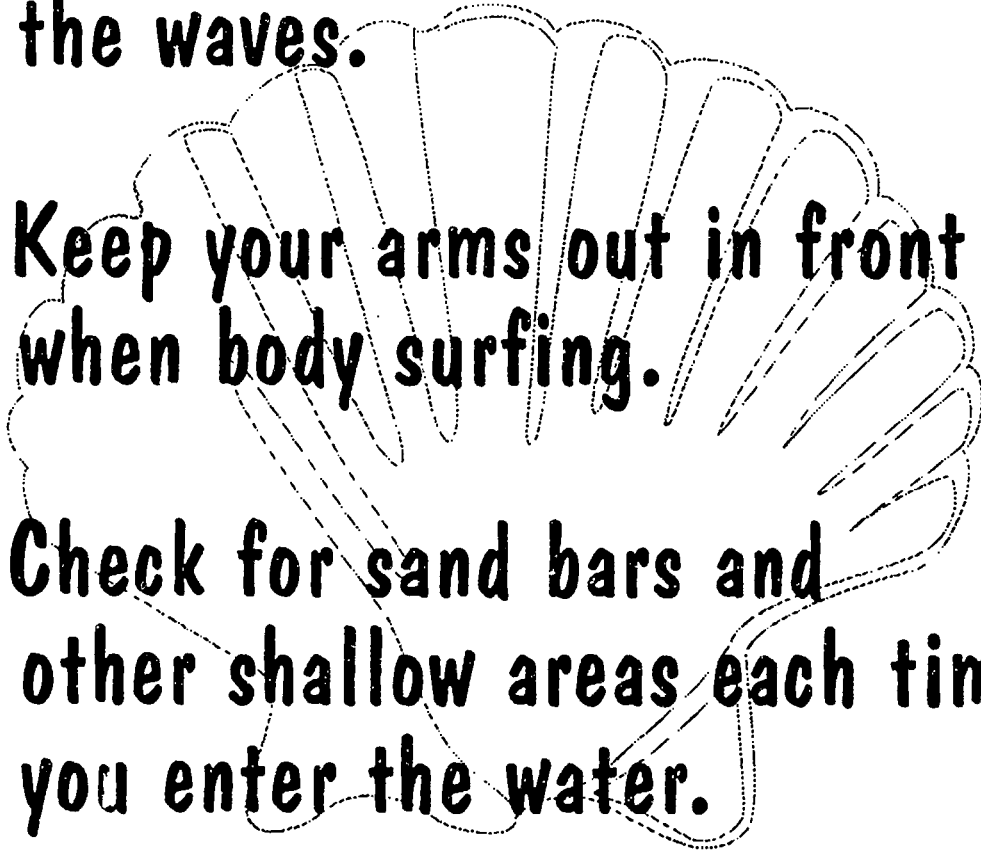
WATER SAFETY TIPS:

DIVING

1. Never dive when you are alone.
 2. Dive only in areas marked for diving.
 3. Always have an adult check how deep the water is before you dive.
 4. Have an adult check for objects under the surface before diving.
 5. Always raise your arms over your head when diving.
 6. Don't run and dive.
 7. Don't let your friends dare you into diving dangerously.
- 

WATER SAFETY TIPS: AT THE BEACH

1. Never run on the beach and dive head-first into the waves.
2. Keep your arms out in front when body surfing.
3. Check for sand bars and other shallow areas each time you enter the water.
4. Don't dive from piers or rocks.

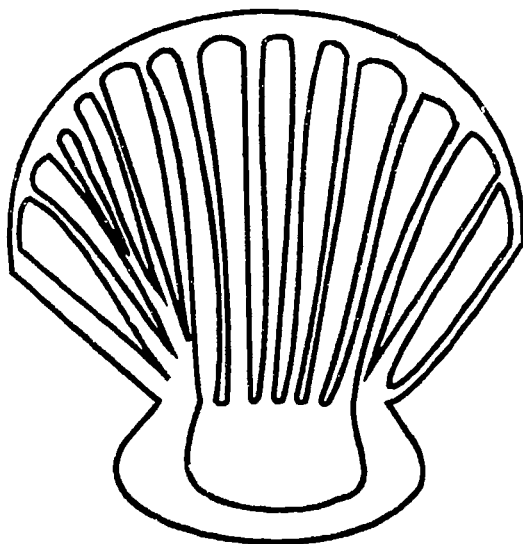
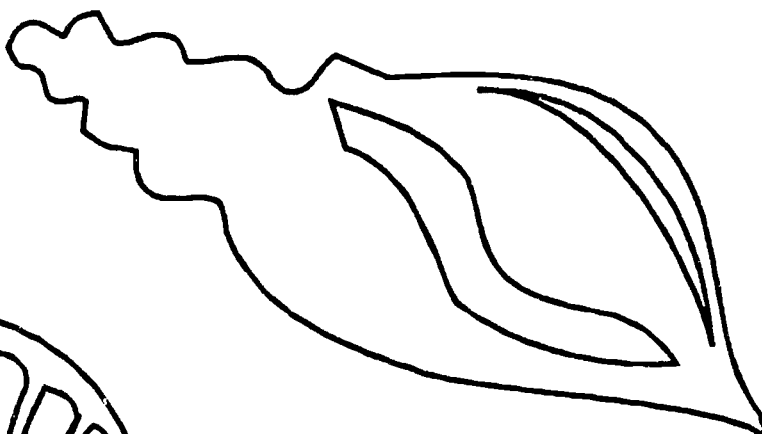
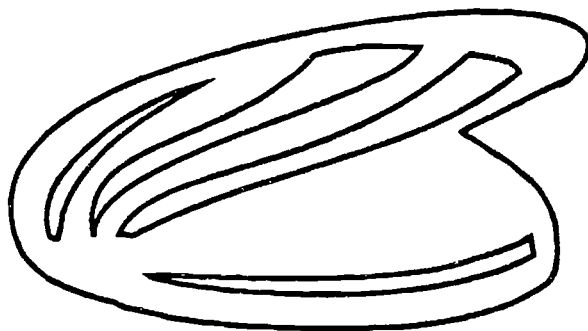


WATER SAFETY TIPS:

AT THE LAKE

1. Always wear a life jacket.
2. Have an adult with you when skiing, boating, rafting, tubing, etc.
3. Check the water for shallow areas and hidden objects.
4. Make sure your equipment is in good condition.

Safety Shells





KEEP MR. GOOF SAFE

Help Daisy keep Mr. Goof safe by filling in what she should be telling him to do (or not do) in each situation. Remember: brain and spinal cord injuries are NO FUN!

ADDITIONAL RESOURCES

FILMS AND VIDEOTAPES

Films and videotapes have proven to be an excellent method of presenting ideas and reinforcing lessons in the classroom. Most films and videotapes on spinal cord and brain injury prevention, however, are geared toward junior and senior high school students. Listed below are the most popular films used by spinal cord and brain injury prevention programs throughout the country. Some of the films and tapes whose target audience is listed as junior and senior high school students may be appropriate for younger students as well. We have included ordering information in each description. In many cases, you may be able to rent or borrow the film or tape from local organizations. Check with the rehabilitation organization sponsoring this curriculum for more information, or call one of the organizations listed in the next section.

Each entry includes: (1) a picture label which represents the curriculum unit(s) emphasized in the film or tape (see legend below), (2) a brief description of the contents, (3) ordering information, (4) format, and (5) target audience.



Water Safety



Violence Prevention



Bike Safety



**Falls and
Recreational/
Sports Safety**



**General
SCI/TBI Prevention**



**Motor Vehicle/
Pedestrian Safety**

Before & After: The Toney Lineberry Story

Order From:
Toney and Donna Lineberry
581 Nelwood Place
Manakin-Sabot, VA 23104
(804) 749-3831
Cost: \$105



Toney Lineberry, a professional consultant, travels throughout the country speaking on the importance of automobile safety in preventing spinal cord injury. Toney, who is a quadriplegic as a result of a car accident, presents slides of his life, relates the story of his accident, discusses its consequences, and stresses ways he could have prevented it. He discourages driving under hazardous conditions, and emphasizes the use of safety belts, refuting many common myths about their use. A question and answer period which follows his presentation is also shown.

Format: 1/2" VHS / 28 min.
Target Audience: Young adults

Chances

Order From:
Shepherd Spinal Center
2020 Peachtree Road, N.W.
Atlanta, GA 30309 (404) 352-2020 (ext. 179)
Cost: \$50



This diving and water safety presentation was produced by the Shepherd Spinal Center in Atlanta, Georgia. Its main message is that taking chances in the water may lead to grave consequences. A dramatization of a diving accident is presented, along with basic demographic statistics and anatomy of the spinal cord. Several persons with quadriplegia recount their water-related accidents and how their lives have changed because they "took chances."

Format: 1/2" VHS or 3/4" 15 min. (1986)
Target Audience: Junior and senior high school students

Consequences

Order From:
University of Washington Press
Audio Visual Department
P. O. Box 50096
Seattle, WA 98145 (206) 543-8870
Cost: \$110



This film is an overview of risk-taking behaviors and their possible consequences. Activities covered include hang gliding, trampolining, surfing, diving, skateboarding, mountain climbing, and skiing. Individuals who suffered spinal cord injuries while participating in these activities relate their stories. Prevention alternatives are offered for each situation. The message is "Be a free spirit...do it, but do it safely."

Format: 1/2" VHS / 10 min. (1978)
Target Audience: Junior and senior high school students

Crash Course

Order From:

KARE News 11

Community Relation Dept.

8811 Olson Memorial Highway

Minneapolis, MN

(612) 546-1111

Cost: No Charge for preview

Prevention of alcohol-related trauma injuries is the major focus of this video. Testimonies are given by persons with spinal cord and head injuries. The hazards of unsafe driving, particularly driving under the influence of alcohol, are emphasized.

Format: 1/2" VHS / 45 min. (1989)

Target Audience: Junior and senior high school students and young adults



Dive Right

Order From:

Canadian Sports Spine and Head Injury Research Centre

Toronto Western Hospital

399 Bathurst Street, Toronto

Ontario CANADA M5T 2S8 (416) 369-5890

Cost: \$40

Geared to young children, this film depicts youngsters engaging in horseplay around a swimming pool, resulting in one young boy becoming spinal cord injured. Tips on pool safety and diving (at the lake and in the pool) are given. The young boy who was injured is given a "second chance" at the end of the film, but the message is that in real life, there are no second chances. The videotape has been previewed by students 7 to 14 years of age, with positive results.

Format: 1/2" VHS / 19 min. (1986)

Target Audience: Children 8 to 12 years of age



A Fine Line

Order From:

Stewart Rehabilitation Center

McKay-Dee Hospital

3939 Harrison Boulevard

Ogden, Utah 84409 (801) 625-2864

Cost: \$305 (Classroom Kit)

The basic video in this classroom kit is a 17-minute presentation by young people injured in car accidents, most involving drugs and/or alcohol. The film graphically depicts life immediately following a spinal cord injury. Rehabilitation and psychological/social adjustments are also covered. The title of the presentation is based on the theme that "when young people think they're invincible, they often walk a fine line." The accompanying teacher's guide provides a lesson plan, group activities, discussion questions, and scripts to serve as a catalyst for further exploration of issues raised in the video.

Format: 1/2" VHS / 57 min. (2 tapes) (1985)

Target Audience: Junior and senior high school students



Harm's Way

Order From:
National Coordinator
National Head and Spinal Cord
Injury Prevention Program
22 South Washington Street
Park Ridge, IL 60068 (312) 692-9500
Cost: \$35



This award-winning spinal cord injury prevention video by film maker Barry Corbet is the most popular classroom presentation of its type. Participants in the video are all young persons who have sustained either a head or spinal cord injury as a result of some risky activity. The film combines music and honest testimony about the thin line between exciting activity and injury-producing activity, with the message that we need not "place ourselves in harm's way."

Format: 1/2" VHS / 19 min. (1986)

Target Audience: Junior and senior high school students

Hey! New Wheels!

Order From:
Detroit Receiving Hospital and
University Health Center
261 Mack Boulevard
Detroit, MI 48201 (313) 745-9876
Cost: \$20



This presentation uses wheelchairs for its "New Wheels" theme. Produced by the Southeastern Michigan Spinal Cord Injury System, the video makes a strong case against the "It won't happen to me" attitude which many teens hold toward spinal cord injury. Events following the occurrence of a spinal cord injury are covered, including emergency medical procedures, tracheotomy, halo brace, etc. Most causes of spinal cord injury are covered. The use of safety belts is emphasized, with a list of myths and facts about their use included at the end of the tape.

Format: 1/2" VHS / 12 min. (1985)

Target Audience: High school students

It'll Never Happen To Me

Order From:
Karen K. Heusel
Suite 325
3951 Snapfinger Parkway
Decatur, GA 30035 (404) 656-0960 or 1-800-342-9819
Cost: \$30



TV broadcaster John Jeffers researches a story on safety belts which ends up changing his life. This film, aimed at the general public, destroys the myths and excuses for not wearing safety belts. A person with quadriplegia appears in this film. Due to the limited number of films available, a two week advance notice is required.

Format: 1/2" VHS / 22 min.

Target Audience: General public

It's Your Move

Order From:
Spinal Cord Injury Prevention Program
780 S.W. Marine Drive
Vancouver, BC Canada
V6P 5Y7 (604) 875-2222
Attn: Mary Ellen Lower
Cost: \$25.00



This video, produced by the Shaughnessy Hospital and the Canadian Paraplegic Association, BC Division, discusses the anatomy of the spine and describes causes and effects of spinal cord injury resulting from diving, skiing, and driving while intoxicated. Persons with paraplegia and quadriplegia relate their stories and advise against taking chances.

Format: 1/2" VHS / 10 min. (1989)

Target Audience: Junior and senior high school students

Learning How To Dive Safely

Order From:
National Swimming Pool Foundation
10803 Guifdale, Suite 300
San Antonio, TX 78216 (512) 525-1227
Cost: \$15.20



This diving safety video, produced by the National Swimming Pool Foundation, is narrated by film star Patrick Wayne and features World and Olympic diving champion Greg Louganis and U.S. Olympic diving coach Ron O'Brien. Both Louganis and O'Brien give tips on safe diving in swimming pools, with divers demonstrating safe and unsafe dives. Very specific rules for diving safety are stressed throughout and are listed at the end of the film.

Format: 1/2" VHS / 11 min.

Target Audience: Junior and senior high school students

A Matter Of Seconds

Order From:
Immanuel Rehabilitation Center
6901 North 72nd Street
Omaha, NE 68122 (402) 572-2295
Cost: \$25



Young people who have sustained head or spinal cord injuries discuss their accidents and how their lives have changed. Their stories include injuries resulting from car accidents, violence (gunshot), drugs and alcohol, diving, biking, and other sports accidents. The video is produced by the Immanuel Rehabilitation Center and the Nebraska Department of Education's Division of Rehabilitation Services.

Format: 1/2" VHS / 11 min. (1986)

Target Audience: Junior and senior high school students

Project Wipeout

Order From:

Hoag Hospital

302 Newport Boulevard

Newport, CA 92658-8912 (714) 645-8600

ATTN: Human Resources -- Project Wipe Out

Cost: \$25

This is the story of one young man who becomes spinal cord injured after diving head first into shallow water at the beach. Portrayed in great detail by actors, his story covers the injury, emergency medical procedures, acute care, and rehabilitation. The film, produced by Hoag Hospital, is a very realistic portrayal of the events following injury, as well as the emotions experienced by both the victim and his family. Surfing and diving safety is addressed at the end of the film.

Format: 1/2" VHS / 30 min. (1986)

Target Audience: Junior and senior high school students



Reflections

Order From:

National Coordinator

National Head and

Spinal Cord Injury Prevention Program

22 South Washington Street

Park Ridge, IL 60068 (312) 692-9500

Cost: \$40

"Reflections" is a shortened version of the American Association of Neurological Surgeons/Congress of Neurological Surgeons film "Harm's Way." For more information, see the description and ordering information under "Harms Way."

Format: 1/2" VHS / 10 min. (1989)

Target Audience: Junior and senior high school students



Smart Hockey With Mike Bossy

Order From:

Canadian Sports Spine and Head Injuries Research Centre

Toronto Western Hospital

Division of Neurosurgery

399 Bathurst Street, Toronto

Ontario, Canada M5T 2S8 (416) 369-5890

Cost: \$20

This video stars Mike Bossy, a former NHL star, and presents seven tips that will assist hockey players in avoiding serious injuries, especially spinal cord injuries, caused by checking from behind. A brochure, "Neck and Spine Conditioning for Hockey Players," is enclosed with each video.

Format: 1/2" VHS / 14 min. (1988)

Target Audience: Hockey players, coaches, trainers, and parents



Spinal Injury Management

Order From:

American Red Cross (local chapter)

Cost: \$50

This American Red Cross training video is used in conjunction with water safety training courses taught by the American Red Cross Chapters. The tape begins with a thorough review of the spine's function and form. Although primary spinal injury prevention is covered, the film's main emphasis is on secondary prevention. Topics covered include spine stabilization techniques, rescue breathing, and removing an injury victim from the water.

Format: 1/2" VHS / 26 min. (#329328) (1988)

Target Audience: Junior and senior high school students



The Time It Takes

Order From:

Shepherd Spinal Center

2020 Peachtree Road, N.W.

Atlanta, GA 30309 (404) 352-2020, Ext. 179

Cost: \$50

This video, produced by the Shepherd Spinal Center in Atlanta, Georgia, emphasizes the use of safety belts. Testimonials of four young persons with spinal cord injury are presented; none were wearing safety belts at the time of their accidents. Myths about safety belts are addressed in a question and answer format.

Format: 1/2" VHS / 12 min. (1985)

Target Audience: Junior and senior high school students



The Toney Lineberry Story: Always A Champion

Order From:

581 Nelwood Place

Manakin-Sabot, VA 23103 (804) 749-3831

ATTN: Toney Lineberry

Cost: To be determined

This new video deals with the personal trauma that an automobile accident inflicts on a victim, his family, and community. The video also includes the highway safety message that Toney carries throughout the country.

Format: 1/2" VHS / 18 min. (1989)

Target Audience: High school students



Wasted Dreams

Order From:

**Detroit Receiving Hospital and
University Health Center**

261 Mack Boulevard

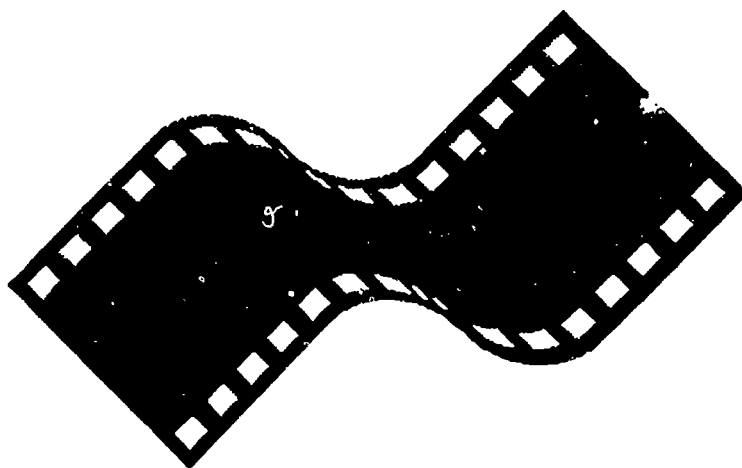
Detroit, MI 48201 (313) 745-9876

Cost: \$25

This video is produced by the Southeastern Michigan Spinal Cord Injury System, the Rehabilitation Institute, and the University Health Center in the Detroit Medical Center. Six persons with spinal cord injury, all wounded by gunshots, graphically relate their accidents and how they could have avoided them. The reaction of many victims of violence is that they were in the wrong place at the wrong time. This video's message is that you need not put yourself in the wrong place at the wrong time.

Format: 1/2" VHS / 27 min. (1988)

Target Audience: Junior and senior high school students, general population



NATIONAL PROGRAMS

There are many organizations across the country which have information and/or materials that may be useful to you when presenting this curriculum. If you would like to supplement curriculum activities or would like more information on spinal cord and brain injury, contact the curriculum's sponsoring institution or one of the organizations listed below.

American Academy of Pediatrics
The Injury Prevention Program (TIPP)
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, IL 60009-0927
(312) 228-5005

ATTN: Donald Schiff, M.D., F.A.A.P.

The Injury Prevention Program (TIPP), initiated in 1983, is an educational program for parents of children newborn through 12 years to help prevent injuries from motor vehicles, pedestrian hazards, bicycles, fire in the home, scalds, falls, and poisoning. TIPP provides a systematic method for pediatricians to counsel parents and children about adopting injury prevention behaviors. After parents have filled out a safety survey in the pediatrician's reception room, the pediatrician counsels the child and parent using guidelines prompted by at risk answers.

Materials: A package of materials consisting of safety surveys and safety information sheets for use in providing anticipatory guidance to parents and children

Target Population: Children newborn through 12 years and their parents

American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS)

National Head and Spinal Cord Injury Prevention Program
22 S. Washington Street
Park Ridge, IL 60068
(312) 692-9500

ATTN: Louise S. Miller, National Coordinator

The American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS) program is the standard model for most head and spinal cord injury prevention programs nationwide. The National Program is the product of two ongoing model educational programs: "Feet First First Time" at West Florida Regional Medical Center, and "Head and Spinal Cord Injury Prevention" at the University of Missouri-Columbia (see listings under those states). The AANS/CNS program is designed to make the public, especially those young people most vulnerable to injury, aware of the causes and results of injuries to the head and spinal cord and the prevention of these injuries. A more detailed description of the model program is contained in the introduction to this directory.

Materials: Instruction guide, slides, film "Harm's Way," model educational centers, Prevention Pages newsletter

Target Population: Young people, individuals and organizations involved with head and spinal cord injury prevention

American Red Cross

The American Red Cross Spinal Injury Management Program

Health and Safety Operations Headquarters:

Eastern

615 St. Asaph Street
Alexandria, VA 22314
(703) 838-8818

Midwestern

10195 Corporate Square
St. Louis, MO 63132
(314) 997-3130

Western

1870 Ogden Drive P.O. Box 909
Burlingame, CA 94010
(415) 692-5201

American Red Cross Spinal Injury Management is not a single program, but is contained in the following American Red Cross courses and publications: American Red Cross Basic Water Safety, Emergency Water Safety, Safety Training for Swim Coaches, and Lifeguard Training. The goal is to train individuals in the prevention and management of spinal injuries.

Materials: Audiovisual and written materials: American Red Cross Basic Water Safety (Stock #329312); American Red Cross Emergency Water Safety (Stock #329313); American Red Cross Safety Training for Swim Coaches (Stock #329449); American Red Cross Lifeguard Training Supplement (Stock #329448); American Red Cross Spinal Injury Management videotape (Stock #329328)

Target Population: All participants in American Red Cross programs, from young children through lifeguards

American Trauma Society

Tommy Trauma Health Safety Program

1400 Mercantile Lane, Suite 188

Landover, MD 20785

(301) 925-8811; 1-800-536-7890

ATTN: Cink DeVeaas, Executive Director

The Tommy Trauma Health Safety Program is a thirty minute videocassette designed for elementary school children through the third grade. The objectives are to familiarize children with trauma and the processes that occur when an injury happens. Children are taught basic principles of prevention, how to recognize a serious injury, and how to get help. In addition, the program familiarizes children with the roles of the police, paramedics, ambulances, physicians, and hospitals in an effort to minimize fear of these entities.

Materials: Available for purchase: videotape (three chapters), instructor's guide, poster, coloring books, and badges (the videotape is available for preview)

Target Population: Elementary school children K-3

Aquatic Injury Safety Foundation

1555 Penobscot Building

Detroit, MI 48226

(313) 963-1600; 1-800-342-0330

ATTN: Ronald R. Gilbert, Chairman

The Aquatic Injury Safety Foundation, established in 1988, is a national, non-profit safe diving educational organization dedicated to reducing the number of diving injuries, drownings, and near-drownings. The Foundation uses the format of the "Feet First First Time" program and disseminates free sample "No Diving" signs and "Diving is Deadly" brochures for use in various

aquatic areas. One of the Foundation's goals is to establish a Minimum Safe Diving Depth in cooperation with the American Red Cross and other safety groups. The Foundation also seeks mandatory education for aquatic safety and spinal cord injury prevention in elementary school systems.

Materials: Those of other aquatic safety groups, including the American Red Cross; film "Harm's Way"

Target Population: Young male divers

Foundation for Spinal Cord Injury Prevention

SCI Prevention Program

1555 Penobscot Building

Detroit, MI 48226

(313) 963-1600 (MI), 1-800-342-0330 (USA)

ATTN: Ronald R. Gilbert, Founder

The Foundation for Spinal Cord Injury Prevention works to provide coordination and networking of spinal cord injury prevention groups around the country. In addition, the Foundation is working on public service announcements, a mandatory education program, and mandatory spinal cord injury reporting bills. This organization also provides information and prevention materials to interested groups and individuals, and is currently working on a directory of prevention materials.

Materials: Numerous films, an information clearinghouse

Target Population: Groups and individuals interested in spinal cord injury prevention

National Coalition to Prevent Childhood Injury

National Safe Kids Campaign

Children's Hospital Medical Center

111 Michigan Avenue, NW

Washington, DC 20010

(202) 939-4993

ATTN: Susan Farrall

The National Coalition to Prevent Childhood Injury is an organized network consisting of medical and safety organizations, children's advocates, business people, government leaders, and teachers who have united to make a difference in how we protect our children. The organization is tackling the complex problem of childhood injury prevention from several different angles, including uniting diverse groups, developing educational programs, initiating public policy changes, and raising awareness through the media. The Coalition also carries on a community bicycle helmet campaign for children.

Materials: Numerous materials including a leader's manual, bicycle strategy guide, newsletters, video "The Official Kids Safety Quiz,"

Target Population: Children and parents, legislators, etc.

National Head Injury Foundation, Inc.

Head Injury Prevention (Corporate Safety Belt Program, etc.)

333 Turnpike Road

Southborough, MA 01772

(508) 485-9950, Family Help Line 1-800-444-NHIF

ATTN: Heidi Hansen McCrory, Director of Public Affairs

The NHIF's employee education programs for corporations and businesses are currently some of the most effective programs for increasing belt use, both on and off the job. Consequently, NHIF is focusing its efforts on these programs.

Materials: An information clearinghouse for fact sheets, articles, and other educational materials, including manuals for corporate safety belt campaigns.

Target Population: Motor vehicle riders, business managers/employers

National Highway Traffic Safety Administration

400 Seventh Street S.W.

Washington, D.C. 20590

Auto Safety Hotline 1-800-424-9393 (Wash. D.C. area 366-0123)

ATTN: Nancy Rubenson, Highway Safety Specialist, Program Development & Planning Division, Office of Occupant Protection

There are several offices within the National Highway Traffic Safety Administration that may be helpful to persons interested in preventing spinal cord injury. The National Center for Statistics and Analysis, NRD-30, collects, analyzes, and reports data on serious and fatal highway crashes. The Office of Enforcement and Emergency Services, NTS-40, offers training programs for enforcement and EMS personnel. The Office of Alcohol and State Programs, NTS-20, develops programs to promote sober driving and prevent pedestrian, bicycle, school bus, and motorcycle accidents. The Office of Occupant Protection, NTS-10, develops programs to increase the use of motor vehicle occupant protection devices such as safety belts, air bags, and child safety seats.

Materials: Fatal Accident Reporting System and National Accident Sampling System Annual Reports; Occupant Protection Facts; Drunk Driving Facts; National EMS Week Idea Sampler, "Your Time to Shine;" "The Community & Law Enforcement: Teaming Up to Save Lives;" National Drunk and Drugged Driving Week Idea Sampler; National Child Passenger Safety Awareness Week Idea Sampler; National Buckle-Up America Week Idea Sampler

Target Population: Persons interested in highway safety

National Safety Council

Back Injury and Motor Vehicle Safety

444 North Michigan Avenue

Chicago, IL 60611-3991

(312) 527-4800

ATTN: Bob O'Brien, Director, Public Relations

Founded in 1913, the mission of the National Safety Council is to educate and influence society to adopt safety and health policies, practices, and procedures that prevent and mitigate human and economic losses arising from accidental causes. While the Council does not conduct a specific program in spinal cord injury prevention, various safety education materials are available. The

Council also operates a Safety and Health Library with extensive database capability.

Materials: Videos, booklets, reference manual, and press releases

Target Population: General public/safety and health personnel

National Spinal Cord Injury Association

Spinal Cord Injury Public Education Program

600 West Cummings Park

Suite 2000

Woburn, MA 01801

(617) 935-2722; National Information Line 1-800-962-9629

ATTN: Mark Odum

The National Spinal Cord Injury Association is a consumer-based membership organization whose purpose is to address the needs of persons with spinal cord injury or disease. At the national level, the Association conducts programs in the areas of research and services. A Prevention Committee within the Association is active in implementing a program of public education that focuses on prevention of spinal cord injury and abilities of individuals who have been paralyzed as a result of spinal cord injury. A list of the 30 local chapters can be obtained by writing to the Association's national office. The program was begun in 1948 by the Paralyzed Veterans of America.

Materials: Fact sheets on spinal cord injury, posters on diving and skateboarding safety, brochures on safe diving, publications including the National Resource Directory for persons with spinal cord injury and other physical disabilities

Target Population: Person with spinal cord injury or interested in spinal cord injury prevention

Recreation Safety Institute

Spinal Cord Injury Prevention Program

P.O. Box 392

Ronkonkoma, NY 11779

(516) 563-4806

ATTN: Arthur H. Mittelstaedt, Jr., Ed.D., Administrator

Established in 1986, this program promotes an awareness of safe play on playgrounds via a teachers' workbook complete with illustrations, overhead acetates and coloring pages, plus instructions for classroom projects. The objectives of the program are to provide familiarity with the proper uses of playground equipment and warning/prohibition signs.

Materials: "I PLAY SAFE" teacher's guide with acetates for overhead projector

Target Population: Preschool and elementary school children

United States Diving Inc.

U.S. Diving Safety Certification

Safety and Development

Pan American Plaza

201 S. Capitol Avenue, Suite 430

Indianapolis, IN 46225

(317) 237-5252

ATTN: Janet L. Gabriel, Director of Education, Safety, and Development

The U.S. Diving Safety Certification Course and Exam for competitive diving coaches/instructors, officials, administrators, pool supervisors, and pool designers is designed to enhance safety awareness in the sport of competitive diving. This program emphasizes philosophy of safety awareness, legal and medical responsibilities, environmental safety factors, performer readiness, skill progressions, spotting safety, trampoline, spinal cord injury prevention for both recreational swimmers and competitive divers, and education materials and resources.

Materials: "U.S. Diving Safety Manual" and "Diving Safety, A Position Paper"

Target Population: Children through 19 years of age, senior and master's coaches and officials

United States Lifesaving Association (USLA)

United States Lifesaving Association

425 E. McFetridge Drive

Chicago, IL 60605

(312) 294-2333

ATTN: Ray Colonna, Executive Director

The USLA is a professional nonprofit organization of lifeguards from throughout the United States. There are seven regions and 271 chapters. Each chapter is unique in its prevention presentation which is based on the geographic area water levels and problems. The presentations are 30-45 minutes and address water, beach and skin safety, and spinal cord injury prevention as it relates to diving and surfing.

Materials: USLA coloring book, Teddy Ruxpin (presentation for younger children), slides, "Project Wipeout" materials

Target Population: Preschool through high school

SPINAL CORD INJURY CARE SYSTEMS

There are currently 13 model regional spinal cord injury care systems across the country. These systems, funded by the National Institute on Disability and Rehabilitation Research (NIDRR), offer a coordinated system of care from emergency medical services through acute care, rehabilitation, and lifetime follow-up.

Georgia Regional Spinal Cord Injury System
Shepherd Center for Treatment of Spinal Injuries
2020 Peachtree Road, North West
Atlanta, GA 30309
(404) 352-2575

Regional Spinal Cord Injury Care System of Southern California
Rancho Los Amigos Hospital
7601 East Imperial Highway-Harriman Bldg., 121
Downey, CA 90242
(213) 940-7167

Midwest Regional Spinal Cord Injury Care System
Northwestern Univ. Med. Center
Northwestern Memorial Hospital
250 East Chicago Avenue, Suite 619
Chicago, IL 60611
(312) 908-3425

Rocky Mountain Regional Spinal Cord Injury System
Craig Hospital
3425 South Clarkson Street
Englewood, CO 80110
(303) 789-8220

Mt. Sinai Spinal Cord Injury Model System
Mount Sinai School of Medicine
One Gustave Levy Place
Box 1240
New York, NY 10029
(212) 241-9657

Southeast Michigan Spinal Cord Injury System
Rehab. Institute of Detroit SCI Unit
Wayne State University
261 Mack Boulevard
Detroit, MI 48201
(313) 745-9731

Northern California Spinal Cord Injury Care System
Santa Clara Valley Medical Center
751 South Bascom Avenue
San Jose, CA 95128
(408) 299-5643

Texas Regional Spinal Cord Injury System
The Institute for Rehab. and Research
Texas Medical Center
1333 Moursund Avenue
Houston, TX 77030
(713) 797-5910

Northern New Jersey Spinal Cord Injury System
Kessler Institute for Rehabilitation, Inc.
1199 Pleasant Valley Way
West Orange, NJ 07052
(201) 731-3600, ext. 250

**University of Alabama at Birmingham (UAB)
Spinal Cord Injury Care System**
SRC Room 530
UAB Station
Birmingham, AL 35294
(205) 934-3334

Northwest Regional Spinal Cord Injury System
University of Washington, Rehabilitation Medicine
BB 919 Health Science Bldg.
1959 N.E. Pacific Street
Seattle, WA 98195
(206) 543-3600

University of Michigan Model Spinal Cord Injury System
300 North Ingalls Bldg.
NI-2A09-0491
Ann Arbor, MI 48109-0491
(313) 745-9731

Regional Spinal Cord Injury Center -Delaware Valley
Thomas Jefferson Hosp/Spinal Cord Center
111 South 11th Street
Philadelphia, PA 19107
(215) 928-6573

The UAB Spinal Cord Injury Care System serves as the national repository of data collected by these 13 systems. These data are managed in the National Spinal Cord Injury Statistical Center (NSCISC). In 1986, UAB published Spinal Cord Injury: The Facts and Figures, which presents statistics based on the data in the NSCISC database. For further information or to purchase this book, contact: The National Spinal Cord Injury Statistical Center (NSCISC), University of Alabama at Birmingham, SRC Room 547, UAB Station, Birmingham, AL 35294, (205) 934-3320.

TRAUMATIC BRAIN INJURY CARE SYSTEMS

There are five model regional traumatic brain injury care systems in the U.S. Like the SCI Care Systems, they are funded by the National Institute on Disability and Rehabilitation Research and offer a coordinated system of care for persons with traumatic brain injuries.

Comprehensive Model of Research and Rehabilitation for the Traumatically Brain Injured

Virginia Commonwealth University
Medical College of Virginia
Box 568 MCV Station
Richmond, VA 23298
(804) 786-0200

Model System for Minimizing Disability After Head Injury

Institute for Rehabilitation and Research
1333 Moursund Ave.
Houston, TX 77030
(713) 797-5731

Comprehensive System of Care for Traumatic Brain Injury

Institute for Medical Research
Santa Clara County
2260 Clove St.
San Jose, CA 95128
(408) 299-5641

Southeastern Michigan Traumatic Brain Injury System

Wayne State University
Department of Neurology
Detroit, MI 48202
(313) 745-2294

Model Project for Comprehensive Rehabilitation Services to Individuals with Traumatic Brain Injury

Mt. Sinai Medical Center
School of Medicine
One Gustave L. Levy Place
New York, NY 10029
(212) 241-9657

INJURY PREVENTION RESEARCH CENTERS

Injury Prevention Research Centers (IPRCs) were established by the Centers for Disease Control (CDC) to develop a comprehensive approach to the nation's injury problem. Objectives of these centers include integrating aspects of various disciplines (medicine, engineering, social sciences, rehabilitation, etc.), supporting research, evaluating intervention techniques, and making this expertise available for injury prevention, surveillance, and control. There are currently seven IPRCs:

Harvard University
Injury Prevention Research Center
Department of Health Policy and Management
Health Service of Public Health
677 Huntington Avenue
Boston, MA 02115
(617) 732-1090

Johns Hopkins University
Injury Prevention Research Center
School of Hygiene and Public Health
Fifth Floor
624 N. Broadway
Baltimore, MD 21205
(315) 955-3995

University of Alabama at Birmingham (UAB)
Injury Prevention Research Center
THT 433
UAB Station
Birmingham, AL 35294
(205) 934-7845

University of California – Los Angeles
Injury Prevention Research Center
School of Public Health, Room 76-078
University of California
Los Angeles, CA 90024-1772
(213) 825-7066

University of California – San Francisco
Injury Prevention Research Center
Ward 3A
1001 Potrero Avenue
San Francisco, CA 94110
(415) 821-8818

University of North Carolina – Chapel Hill
Injury Prevention Research Center
School of Public Health
Rosenau Hall, CB 7400
Chapel Hill, NC 27599-7400
(919) 966-3916

University of Washington
Harborview Injury Prevention Research Center
633 Yesler Way, Suite 32
Seattle, WA 98104
(206) 223-3408

RESEARCH AND TRAINING CENTERS

Rehabilitation Research and Training Centers, funded by the National Institute on Disability and Rehabilitation Research, conduct coordinated programs of rehabilitation research, provide training to research and other rehabilitation personnel, and assist individuals in providing rehabilitation services. There are four centers involved in some aspect of spinal cord injury care and four centers involved in traumatic brain injury care:

Community Oriented Services for Persons with Spinal Cord Injury

Baylor College of Medicine and The Institute for Rehabilitation and Research
1333 Moursund Ave.
Houston, TX 77030
(713) 799-7011

Neural Recovery and Functional Enhancement (Spinal Cord Injury)

Jefferson Medical College
Thomas Jefferson University
111 South 11th St., Suite 9605
Philadelphia, PA 19107
(215) 928-6573

Prevention and Treatment of Secondary Complications of Spinal Cord Injury

Rehabilitation Institute of Chicago
345 East Superior St.
Chicago, IL 60611
(312) 908-6017

Prevention and Treatment of Secondary Complications of Spinal Cord Injury

University of Alabama at Birmingham
Department of Rehabilitation Medicine
SRC 530
UAB Station
Birmingham, AL 35294
(205) 934-3334

Community Integration of Persons with Traumatic Brain Injury

State University of New York/Buffalo
197 Farber Hall, 3435 Main St.
Buffalo, NY 14214

Rehabilitation of Traumatic Brain Injury and Stroke

New York University Medical Center
Department of Physical Medicine
550 First Ave.
New York, NY 10016
(212) 340-6161

Severe Traumatic Brain Injury

Virginia Commonwealth University
Medical College of Virginia
Box 568 MCV Station
Richmond, VA 23298
(804) 786-0200

Traumatic Brain Injury

University of Washington
Department of Rehabilitation Medicine
BB919 Health Sciences Bldg.
Seattle, WA 98195
(206) 543-6766

COMPREHENSIVE HEAD INJURY PREVENTION AND REHABILITATION CENTERS

The Rehabilitation Services Administration in the Department of Education has provided funding for the initiation of a system of regional (multi-state) comprehensive head injury prevention and rehabilitation centers. The four established centers are:

Comprehensive Regional TBI Center
Mt. Sinai Medical Center
1 Gustave Levy Place
New York, NY 10029
(212) 241-7917

Rocky Mountain Regional Head Injury Center
Colorado Rehabilitation Services
1575 Sherman St., 4th Floor
Denver, CO 80203
(303) 331-8367

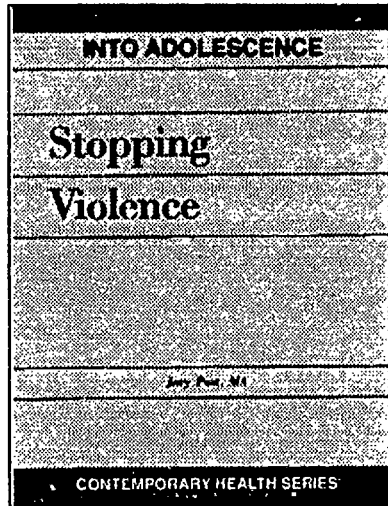
Midwest Regional Head Injury Center
Rehabilitation Institute of Chicago
345 East Superior
Chicago, IL 60611
(312) 908-8785

**Southwest Regional Comprehensive
Brain Injury Center**
The Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, TX 77030
(713) 666-7323

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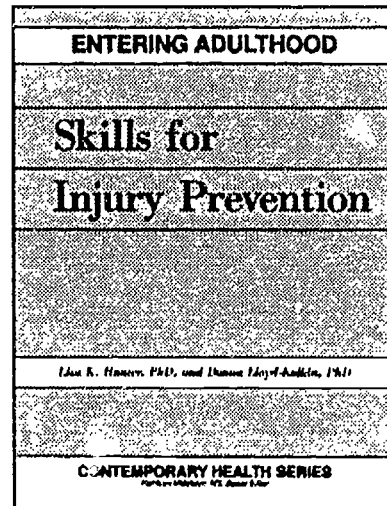
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Preventing Injury

A Safety Curriculum Grades 3 and 4

Help young children establish life-long safety habits with this one-of-a-kind curriculum for Preschool through Grade 6. Unlike most safety programs, *Preventing Injury: A Safety Curriculum* specifically targets children in primary and elementary school and provides a firm foundation of knowledge, attitudes and injury prevention skills that kids can carry into adulthood.

Preventing Injury focuses on spinal cord and traumatic brain injury, educating children about the risky behaviors that can lead to these severe injuries. The lively activities and thematic cartoon characters convince kids that safe behavior is "smart and cool," while dispelling the common myth that injuries always happen to someone else.

Extensively pilot-tested and evaluated by a team of early childhood and injury prevention specialists at the University of Alabama at Birmingham, *Preventing Injury* is available in four age-appropriate volumes:

- Preschool-Kindergarten
- Grades 1 and 2
- Grades 3 and 4
- Grades 5 and 6

Each volume provides comprehensive coverage of these eight critical areas:

- Spinal Cord and Brain Injury Awareness
- Motor Vehicle Safety
- Pedestrian Safety
- Bike Safety
- Playground/Recreational Sports Safety
- Preventing Falls
- Weapons Safety
- Water Safety

ETR Associates
Santa Cruz, California



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