

Mossgrove Monthly



October 2022

DATES FOR YOUR DIARY SCHOOL CLOSED HALF TERM

Mon 31 Oct - Mon 7 Nov
(dates are inclusive)

Tues 8 Nov	Pupils return to school PTA meeting 6.30pm
Wed 9 Nov	P1—P7 Flu vaccination
Sat 12 Nov	GL Examination P7
Mon 14 Nov	Anti Bullying Week
Fri 18 Nov	Children In Need Non-Uniform Day
Sat 19,26 Nov Sat 3 Dec	AQE Examination P7
Tues 6 Dec	P1- P3 visit to Pantomime
W/C 12 Dec	Christmas Nativity Play, further details to follow
Tues 20 Dec	P4—P7 Cinema trip
Wed 21 Dec	P1- P7 finish at 12.30pm. No PM Nursery

PARENT INTERVIEWS

Thank you for attending and taking part in our parental interviews.

I trust they have been helpful in informing you about your child's progress. We also value your input and contributions about your child and their learning at these meetings.

Thank you to all the teaching staff for preparing and making these useful and relevant.

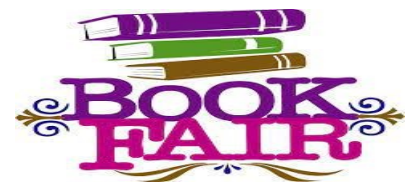
Due to staff absence some interviews need to be rescheduled and we look forward to meeting you in due course.

Enjoy a lovely half term break everyone!



BOOK FAIR AND LIBRARY

A huge thank you to all who came and supported our Book Fair. Your purchases earned the school £473.97 to spend on new library books! Working with the PTA, who have significantly funded the development of the library during previous years, we are also planning a 'Celebration Event/ Opening of the Library', so look out for more details to follow!



P4 'Healthy Teeth'

Primary 4 are learning facts and information about teeth and how to look after them. As part of their topic, everyone in Nursery - P7 received a toothbrush and toothpaste, a 'Molar System' information leaflet and a sticker. Thank you P4 pupils and teachers!



SCHOOL OFFICE

Telephone: 02890 844665 or Email: info@mossgroveps.newtownabbey.ni.sch.uk

School News

Keeping parents up-to-date with recent news and informed about upcoming events.

SCHOOL COUNCIL

Our School Council aims to help children contribute to school issues that concern them and their peers. Our pupils created some fantastic election campaigns to put themselves forward to represent their year group on the School Council. Once the votes were in, the following members were elected! Well done to our ambassadors!

P5 Josh and Brooke



P6 Dylan and Amelia



P7 Frankie and Lacie



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HARVEST THANKSGIVING

Many thanks for your generous donations to the Newtownabbey Food Bank appeal as part of our Harvest Assembly.

These donations have been gratefully received.



WINNER OF 'GUESS THE NUMBER OF SWEETS IN THE JAR'

The children enjoyed submitting their guesses this week. The correct answer was 196.

Zosia (P7) is the winner with the correct guess of 196. Well done Zosia!

Arianna her sister was second with a guess of 197! Girls - don't eat them all at once!

This has raised £119 for PTA funds—thank you!



POPPY APPEAL

Poppies and associated merchandise will go on sale on Tuesday 8 November.

Suggested donation is 20p for a poppy or 50p -£1 for merchandise.
(cash only, no change available).



MACMILLAN COFFEE MORNING

Our Macmillan Coffee Morning on Friday 14 October was an outstanding success. Thank you to all who donated buns, cakes, money and also their time to help out with the morning and to those who attended it. Thank you to the staff for organising and setting up for this event. We raised over £410.00 on the day!! This is an amazing amount for a very worthwhile charity.



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PTA AGM

The annual PTA AGM was held on 4 October 2022. Thank you to everyone who has been willing to take on the following roles of responsibility on the PTA Committee.

Vice Principal:	Mr Wenlock
Chairperson:	Mrs Smyth
Vice Chairperson:	Mrs Forster
Secretary:	Mrs Wallace
Treasurer:	Mrs Shannon
Teacher Rep:	Mrs McKee

ADDITIONAL MEMBERS/HELPERS FOR PTA EVENTS

More parent members will be made most welcome to attend future meetings. Also if you are unable to attend PTA meetings but would be willing to help at PTA events, please contact the school office or speak to any of the Committee Members so that you can be contacted when needed.



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SCHOOL SAFEGAURDING TEAM

If you have any concerns of a child protection nature, please contact the designated teacher, Mrs Gillespie.

The following are members of the schools Safeguarding Team:

- Designated Teacher: Mrs A Gillespie
- Deputy Designated Teacher: Mrs O McKee
- Deputy Designated Teacher (Nursery) Mrs L Elliot
- Principal: Mrs E Sinton
- Designated Governor for Child Protection: Mrs V Bryans
- Chair of the Board of Governors: Mr R Young

PARENT RESOURCES

The High Five newsletter is a resource pack for families and primary aged pupils in relation to staying safe physically but also emotionally and mentally using the Health and Social Care Take 5 framework. Please see link below to access the latest edition:



<https://tinyurl.com/mrxnh9wp>

NI4 KIDS

For the ultimate 'what's on' guide for family events in Northern Ireland. Parenting, health, education, family lifestyle, competitions and activities for school age children please see link below.



<https://ni4kids.com>

PUBLIC HEALTH GUIDANCE ON INFECTION CONTROL IN SCHOOLS

Please see the attached information poster regarding a range of illnesses and the recommended period children should be to be kept away from school.

Please note that if your child has had vomiting and/or diarrhoea, the guidance recommends that your child remains at home for 48 hours from the last episode.

Advice in relation to Covid has also been added under the Respiratory Illness section.

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Guidance on infection control in schools and other childcare settings

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room** on **0300 555 0119** or

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/uk-health-security-agency if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children aged five years and under and those who have difficulty in adhering to hygiene practices
Typhoid* (and paratyphoid*) (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
COVID-19 (coronavirus)	Stay at home and avoid contact with other people until you no longer have a high temperature (if you had one) or until you feel better. www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19	See Vulnerable children

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria*	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For clearing of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis/septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room. Outbreaks: If a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. If tissues are unavailable sneeze or cough into the crook of the elbow and not hands. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand. See www.infectioncontrolmanual.net/sites/default/files/Laundry_Leaflet_04_16.pdf

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not immune and is exposed in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see <https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions>

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health. Vulnerable children will have been offered COVID-19 vaccinations and booster vaccinations.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

Routine childhood immunisation programme

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio, Hib and hepatitis B (6 in 1) Rotavirus Meningococcal B infection	One injection Orally One injection
3 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (6 in 1) Pneumococcal infection Rotavirus	One injection Orally
4 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (6 in 1) Meningococcal B infection	One injection One injection
Just after the first birthday	Measles, mumps and rubella Pneumococcal infection Hib and meningococcal C infection Meningococcal B infection	One injection One injection One injection One injection
Every year from 2 years old up to 16 and including Y12	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	One injection One injection
Girls and boys 12 to 13 years old	Conditions caused by human papillomavirus including cervical cancer (in girls) and cancers of the mouth, throat, anus and genitals (in boys and girls) and genital warts.	Two injections at least six months apart
14 to 18 years old	Tetanus, diphtheria and polio Meningococcal ACWY	One injection One injection

This is the Immunisation Schedule as of September 2022. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book-the-green-book

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Agency, 12-22 Linenhall Street, Belfast, BT2 8BS. Tel: 0300 555 0114. www.publichealth.hscni.net



October has been a busy month in Mossgrove!

Here is just a snapshot!!



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October inspired some beautiful art and Autumn outdoor learning!



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Our children had lots of fun participating in Maths Week! They completed lots of fun mathematical activities. October also saw our Primary 6 children begin their Shared Education Programme. They have made new friends already!



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