

MOUNT KANWARY PUBLIC SCHOOL

Unity and Loyalty

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Term 3 Week 8



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5th September 2017

FROM THE PRINCIPAL'S DESK

Tuesday 5th September

CRACKER NIGHT- THANK YOU!

The Staff wanted to say thank you to the whole school community for coming together so successfully as a school community to raise money for the school! We sincerely hope our balloons and sweet treats made your day a little special!

Mr Shearman worked very hard and was totally out of breath!



BOOK WEEK Photos

The Book Week Open day was a fantastic success thanks to Mrs Stevenson's wonderful organisation. The students all created some amazing masks with the help of family and walked the catwalk like real professionals to model their masks.

Many books and items were purchased on the day and the profits were able to be

NEW SOUTH WALES
DEPARTMENT
OF EDUCATION
AND TRAINING

spent on new books for the students to enjoy.





STATE Athletics Carnival

Congratulations to all of the students who represented our school at the Regional Athletics carnival last Friday!

The following students have been highly successful and are now progressing to the State Athletics Carnival in the relay team:

Connor Crebert
Toby McDonald
Charlie Carroll
Griffin Buckley

Choral Concert- Sydney Opera House Maitland Mercury Online- Small School Huge Talent!



Banksia students will be attending the Choral concert at the Sydney Opera House this Thursday on the 7th of September. The bus will depart the school at 9am sharp and return at approximately midnight.

Just a reminder to parents to book a seat on the bus to accompany your children on this amazing experience of performing at the iconic Sydney Opera House! There will be no cost for the bus for either students or parents due to the wonderful P&C covering the cost of transport. Return your permission notes by tomorrow.

Excursion Medical Information Update

Could you please fill out the medical note sent home and return to the office as soon as possible.

Thank you for your assistance in this matter.

If there are any changes to your child's medical information at any time throughout the year please see the Office and update the details.

Kindergarten Enrolments 2018

We are currently taking enrolments

When to start school?

Your child can start Kindergarten at the beginning of the school year if they turn 5 on or before 31st July in that year. By law all children must be enrolled in school by their sixth birthday. If you have a child or if you know of anyone with a child who is turning 5 this year, on or before the 31st July 2018 please contact the office on 4987 2596 and we can assist you in the enrolment process for our school.

Staff Training

Katrina Cameron- Behaviour Management
-Principal Meeting (Friday)

Katrina Cameron
(Principal- Mount Kanwary Public School)

IMPORTANT DATES

Week 8	
6 th september	Office Unattended Yr 5 Gala Day Maitland High School
7 th September	Banksias Choral Fest
8 th September	Gymnastics
Week 8	
12 th September	Hot Chocolate Fundraiser Stage 3 CYBER BULLYING 1.30pm-2.30pm BOLWARRA PUBLIC SCHOOL
15 th September	Gymnastics

Parents are reporting that some students uniforms are missing. Could you please check that you child hasn't accidentally taken another students uniform home?

TWEET AWARDS

Congratulations to Griffin for achieving his Purple level!



P&C NEWS

Leanne Yeomans
P & C President

Canteen

Orders for Meal Deals in by Thursday
afternoon.

For ease of payment our bank details are as follows:

Acc name **Mount Kanwary P&C Association.**



OAKVALE
FARM
& FAUNA WORLD

THREATENED SPECIES WEEKEND

9TH & 10TH SEPTEMBER 2017

COME AND LEARN ABOUT OUR THREATENED SPECIES PLUS FIND OUT WAYS YOU CAN HELP!

- 🐾 ROAMING WILDLIFE & PRESENTATIONS
- 🐾 FREE FACE PAINTING & MAGIC SHOWS
- 🐾 GIVEAWAYS
- 🐾 **WILDLIFE IS ART** EXHIBITION
- 🐾 GUEST SPEAKERS FROM VARIOUS WILDLIFE GROUPS

A PORTION OF YOUR ADMISSION FEE WILL GO TOWARDS - THE **SAVE OUR WILDLIFE** CAMPAIGN



**3 OAKVALE DRIVE,
SALT ASH**














Communicable Diseases Factsheet

Impetigo

Impetigo is a highly contagious bacterial infection of the skin.

Good hygiene helps prevent spread of infection.

If antibiotics are given it is important to finish the whole course to make sure the impetigo will not recur.

Last updated: March 2017

What is impetigo?

Impetigo is a bacterial skin infection caused by *Streptococcus* and *Staphylococcus* bacteria. It is commonly known as 'school sores' because a majority of cases are in school-aged children. However, it can also affect infants, adults and adolescents.

Uncomplicated impetigo does not cause permanent damage to the skin, but is highly contagious.

What does it look like?

Impetigo occurs in two forms, blistering and crusted. In blistering impetigo the blisters arise on previously normal skin, and rapidly grow in size and number. The blisters quickly burst and leave slightly moist or glazed areas with a brown crust at the edge. The spots expand even after they break open and can be many centimetres wide. They sometimes clear in the centre to produce ring shaped patterns. They are not usually painful, but can be itchy.

Crusted impetigo has a thick soft yellow crust. Beneath this crust is a moist red area. Crusted impetigo spots grow slowly and are always smaller than the fully developed spots of blistering impetigo. They are not usually painful, but can be itchy.

Impetigo can occur on top of other skin conditions, particularly itchy ones. When the skin is scratched the infection can enter through the broken skin. Some of these conditions are atopic dermatitis (eczema), scabies, insect bites and head lice.

In cases where a larger area of skin is affected, patients may also have a fever, swollen lymph nodes or feel generally unwell.

How is it diagnosed?

Your doctor may diagnose impetigo based on a visual inspection of the blisters/ sores, or by taking a swab to test for bacteria and check which antibiotic to use. The result of the swab takes several days.

How is it treated?

Depending on how bad the infection is, your doctor may recommend the use of an antibiotic ointment or oral antibiotics in severe cases. Antibiotic ointment should be continued until the sores have completely healed. If oral antibiotics are given it is important to finish the whole course of treatment (usually 5 days) and not stop when the impetigo starts to clear.

Sores should be cleaned every 8 – 12 hours, dried thoroughly and covered with a waterproof dressing. Bathing the blisters with salty water will help to dry them out (use saline solution or dissolve about half a teaspoon of salt in a cup of water).

How is it spread?

Impetigo is very easy to catch from other people. Impetigo is usually spread through direct contact with other infected people.

The bacteria primarily enter through damaged skin. People with conditions causing long-term damage to their skin, such as eczema or atopic dermatitis, are at greater risk of infection.

How can you avoid spreading the infection?

While you have the infection:

- Sores should be kept clean and covered with a waterproof dressing to prevent them being touched or scratched.
- Used dressings should be placed in a sealed bag and put in the garbage bin as soon as they are removed.
- Hands should be washed thoroughly with soap and running water for 10 – 15 seconds after sores are touched or redressed.
- Children with impetigo should be kept home from school or other group settings if their wounds cannot be kept covered until 24 hours after antibiotic treatment has been started, or until the blisters have dried out if antibiotics are not used.

To prevent impetigo children should be taught:

- To wash their hands often with soap. Resources on handwashing can be found at <https://www.nhmrc.gov.au/guidelines-publications/ch55>.
- Not to scratch scabs or pick their nose.
- Not to share their clothes, towels, or toothbrushes.
- To have scratches and cuts cleaned and covered.

Parents should be careful not to allow items such as clothes, towels, bed sheets, razors or toothbrushes used by the affected person to be used by others. Other grooming items, such as nail scissors or tweezers, should be disinfected/washed thoroughly after each use.

In addition to general hygiene measures, specific measures to prevent spread in schools and childcare include:

- Teachers, children and families should understand the importance of hand washing, covering sores and staying home if sick
- Hand washing products (soap dispensers, running water and paper towels) should be available and accessible
- Activities should allow time for hand washing as part of routine practice (before eating and after going to the toilet)
- Temporary exclusion from child care or school if their wounds cannot be kept covered until 24 hours after antibiotic treatment has been started, or until the blisters have dried out if antibiotics are not used
- Surfaces such as counters, desks and toys that come in contact with uncovered or poorly covered infections, should be cleaned daily with detergent, and whenever visibly contaminated.

Impetigo is dangerous for babies

It is important for people with impetigo to keep away from newborns and young babies. Newborn babies are particularly susceptible to impetigo because their immune systems are not fully developed.

What is the public health response?

Impetigo is not notifiable in NSW. Public health units can advise on the control of outbreaks.

Group A streptococcal infection may lead to other rare conditions such as acute post-streptococcal glomerulonephritis 3–6 weeks after the skin infection, which is associated with antibodies produced to fight streptococcal infection.

In communities in Australia that have cases of rheumatic heart disease, episodes of acute rheumatic fever are thought to be triggered by impetigo as well as by throat infections with group A *Streptococcus*. In those communities prompt treatment and control of impetigo is an important part of preventing rheumatic heart disease.

For further information please call your local Public Health Unit on 1300 066 055

What is Ringworm?

Ringworm is an infection that is caused by a fungus. It is very contagious and can affect the scalp, face, body, feet or nails. Ringworm affects both humans and animals. Ringworm gets its name from the raised pattern the infection forms on the skin. It looks like a circle.

What are the symptoms?

Ringworm on the body begins as a ring-shaped, flat rash. Gradually the ring becomes larger and spreads, with the inside of the ring clearing. The outside of the ring can be either dry and scaly or wet and crusted.

The signs include:

- On the scalp, ringworm starts as a small pimple that grows larger and creates patches of dry, bald skin. The hair can become brittle and break off and sometimes yellowish, crusty areas develop. This form of ringworm is most common in children. Scalp ringworm usually appears 10 to 14 days after contact with an infected person, pet or surface.
- On the fingernails - if the nail bed becomes infected, it can become thick, brittle and discoloured.
- On the feet, ringworm causes dry, cracked skin, most often between the toes. (Also called Athlete's foot or tinea).
- On the skin (including the groin, genitals, inner thighs and buttocks), ringworm causes a red, itchy rash in the moist skin folds. As the rash gradually expands, its centre clears to produce a ring. Skin ringworm usually appears 4 to 10 days after contact with an infected person, pet or surface.
- The skin is the most common place to find ringworm.

How is it spread?

Ringworm is spread by contact with humans, animals and contaminated objects. Humans are most likely to get infected from contact with other people who already have ringworm, school playgrounds, gyms, contaminated clothing, bath mats, towels, damp floors and showers.

How is it prevented?

Ringworm is difficult to prevent because it is very common and contagious even before the symptoms appear.

How is it treated?

Ringworm can be treated effectively with most anti-fungal medications. Early treatment is important and your doctor or pharmacist will be able to advise you.

It is important to:

- Avoid contact with infected people. Where this is not possible, wash your hands thoroughly with soap and water and dry them well
- Pay special attention to drying moist areas on the body
- Don't share brushes, combs, hats, clothing or linen with an infected child
- Do not walk in bare feet on damp floors or in communal showers
- Avoid contact with infected pets and wash your pets with anti-fungal solution
- Don't let an infected child use communal pools or baths until you have started the appropriate treatment
- Wash clothing and linen (eg. sheets and pillowcases) often and with hot water
- If you have ringworm on the feet spray all shoes with antifungal spray (eg. Dr. Scholl) to help stop your feet being re-infected after treatment

Key points to remember:

- Ringworm is a fungal infection that is highly contagious and affects the scalp, the body, the feet or nails
- Ringworm is spread by contact with someone who has ringworm, or by touching an object which may contain the fungus (eg. brushes, showers or towels)
- Good hygiene is important - wash hands well with soap and water and dry them thoroughly

