



# GLADESVILLE

PUBLIC SCHOOL

Newsletter - Term 4 Week 5

## The Values We Share - Excellence

KCS - Patrick / Rosalie	3F - Chevonne
KE - Hari / Dylan	3K - Georgia / Peggy
KW - Guy / Eva	3P - Lazar / Ari
1B - Maya / Ted	4H - Thomas / Tyeson
1C - Matthew / Oliver	4L - Emma / Raymond
1P - Gabriel / Elijah	4M - Harper / William
1S - Elisha / Adam	5G - Alexandra / Dana
2H - Caitlyn / Abigail	5L - Michelle / Zak
2J - Yasmine / Tara	5/6E - Nina / Samuel
2M - Wesley / Venus	6R - Harry
	6S - Bella / Sophie

## Screen it Awards - National Winner

Our students in Coding Club have again claimed national recognition for their amazing work. Recently, the Year 4 Codies, William Y, Minami M, Sophie Y, Paige D, Elysia F and Alexandra C won the National Junior Videogame category in Screen it 2017 for their game, 'Busting for the present'. These students, along with the wonderful Ms Jencsok have now been invited to fly down to Melbourne and accept their award on Friday 17 November. This is a fantastic achievement and we are all very proud of them. You can play their game by following the link:

<https://scratch.mit.edu/projects/167618728/>



## Market In The Glades

Our P&C will be holding Market in the Glades this Friday, 10 November, in the School Hall from 6.30 pm onwards. While entry is free, this is an event for adults only. Some of our Stallholders are:

A French Affair - all things French

Ginja Designa - stationery and wrap

Haus of Harley - Designer Dogwear

Miss Pepe - Accessories

Sydney Harbour Cheeseboards

Handcrafted Cards

Philippa Ann Designs - Jewellery

Stacey's Soap & Stuff - coconut based soaps

Etching Mad - Christmas accessories

There will also be a great selection of food and wine available for purchase at this event.

Special thanks to our two major sponsors of the evening:

- \* Belle Property Hunters Hill
- \* studioJLA - Justin Loe Architects.



## Strings Performance

All Strings players will be performing at the K-2 Assembly on Monday 13 November at 2.30pm. Please pop along to this assembly to see these amazing musicians perform.

## Selective High School Applications 2019

Parents need to apply soon if you would like to have your child considered for Year 7 selective high school entry in 2019, Applications must be submitted online using a valid email address (not the student's email address). Detailed instructions on how to apply online can be accessed at:

<https://education.nsw.gov.au/public-schools/selective-high-schools-and-opportunity-classes/year-7>

Applications close on 13 November 2017.

## Talent Quest 2017

The annual GPS Talent Quest is rapidly approaching! Auditions for this fun event begin next week during lunchtimes:

- \* Year 1 & 2 - Tuesday 14 November
- \* Year 3 & 4 - Tuesday 21 November
- \* Year 5 & 6 Tuesday 28 November
- \* Piano Auditions - Wednesday 29 November

Due to the large number of entries, performance items are limited to one minute. If your child requires music, please ensure they bring it along on the day of their audition as an mp3 file on a USB thumb drive reduced to the section of the song they require. It is also important that all thumb drives are clearly labelled.

Ms Borg / Ms Mansfield - Talent Quest Coordinators

## Maths Olympiad

Once again a number of individual students achieved outstanding results in the Maths Olympiad, a national mathematical problem solving competition. In this competition students are asked to solve 25 complex problems . This year the following students excelled:

- \* Jiani W (top 10%)
- \* Elizabeth A (top 20%)
- \* Keegan V (top 20%)
- \* Saskia M (top 25%)
- \* Elisa Y (top 25%)
- \* Hana A (top 25%)
- \* Tony Q (top 25%)



These students also competed in the APSMO Maths Games Competition - this involved students being asked to solve 20 problems over 4 competitions. This year the following students achieved fine results:

- \* Remy P (top 2%) Jiani W (top 2%) Tony Q (top 2%) Elizabeth A (top 10%) Elisa Y (top 10%)  
Amelia D (top 10%) Brandyn G (top 10%) Harriet J (top 10%) Seb D (top 10%) Saskia M (top 10%)  
Harper P (top 10%) Nirvan S (top 10%)

## Quong Tart Tea with 4M

It was fantastic seeing the students in 4M making tea and scones as part of their History Unit today. The students had a wonderful time baking scones and making tea. Thanks to Ms McVay and the students of 4M for inviting me to their tea room.



## Parent Feedback

Thank you to all those parents who completed the parent feedback surveys and/or participated in the recently held parent forums. We received 63 survey responses asking opinions about leadership, teaching and learning, and reporting, communication, the office, school involvement, school grounds, canteen as well as a few general questions. At the parent forums we discussed the school strengths, weaknesses, opportunities and threats. Overwhelmingly, parent responses were positive with a significant majority of respondents agreeing that the school leadership team responds to issues in a timely manner, fosters respect among students and enforces the rules at our school. The school recognises that more needs to be done to promote awareness of our future strategic directions. Parents expressed a very high level of satisfaction with teaching and learning at Gladesville PS as well as agreeing that individual learning and support plans are effective and indicate progress.

Similarly, a very high percentage of parents have a good understanding of the school's assessment and reporting system, believing they are written in an easily understood way and explain what their children can do and what they need to work on.

While just under 30% of respondents said that they did not use the school app for information, a significantly high percentage of parents (95%) felt that the newsletter provided them with sufficient information, a figure matched by the percentage of parents who believed they were informed with what is happening at school.

The office staff, overwhelmingly, are viewed as friendly, welcoming, competent, knowledgeable and accurate.

A very high proportion of parents believed that their child feels safe in the clean playgrounds and believe that there are many activities available for their children to do.

The concept of a school canteen reflected the most diverse range of responses with no real conclusive opinion being expressed. As there are so many differing opinions expressed about the school opening a canteen, it is clear that this issue needs to be discussed in much greater detail in 2018.

Overall, parents strongly believe that their child enjoys coming to school and has the opportunity to participate in many extra-curricular activities.

This feedback is highly valued and will be used in all discussions as we work towards developing our 2018-2020 School Plan.

## Colour Run

The SRC has voted to organise a Colour Fun Run for all students as a Term 4 celebration. It will be held on the school oval on Thursday 23 November. There will be an obstacle course set up by the SRC for students to run through while being squirted with super soakers and then have powder paint thrown towards them by an adult volunteer. This promises to be a fun day. Permission notes containing further information will be sent home in the coming days.

## Uniform Shop News

Did you know that you can still buy previous GPS logo uniform items and that these items can be worn for a further two years? The uniform shop is selling previous logo long and short sleeve polo tops for the bargain price of \$10 (note sizes 8 and 10 short sleeve sold out). The shop is also selling the previous logo zip jacket for \$25 (compared to \$35 for the new jacket, note size 10 sold out).

## Coming Events

Thursday 23 November - Gelato Day (Years 3-6) / School Colour Run

Friday 24 November - Gelato Day (Years K-2) / PSSA semi-finals

Wednesday 29 November - Combined Scripture service / P&C Meeting

Thursday 30 November - Year 3 & 4 Milo Cricket Gala Day

Friday 1 December - PSSA Finals

Wednesday 6 December - Kindergarten Ice Cream Stall / Band Immersion Day

Thursday 7 December - Year 6 Business Showcase

Monday 11 December - Presentation Day / Semester Two reports go home

Tuesday 12 December - School Picnic / Gelato Day

Wednesday 13 December - Year 6 Farewell

Thursday 14 December - Class parties/ Stage 3 Milo Cricket Gala Day

Friday 15 December - Talent Quest / Final Day for students

*Chickenpox is a common viral infection that can reappear later in life as shingles. Vaccination is recommended for all infants and non immune adults.*

# Chickenpox and Shingles

Last updated: 22 April 2014

## What is chickenpox?

- Chickenpox is a viral illness caused by the herpes zoster virus (also known as the Varicella-Zoster virus)
- In children it usually causes a relatively mild illness.
- Chickenpox in adults and immunosuppressed people can be severe.
- Infection in pregnancy can cause foetal malformations, skin scarring, and other problems in the baby.
- Before routine vaccination began in November 2005, chickenpox was a very common illness. The incidence of chickenpox appears to have decreased as more people receive the vaccine.

## What are the symptoms?

- Chickenpox (varicella) begins with a sudden onset of slight fever, runny nose, feeling generally unwell and a skin rash.
- The rash usually begins as small lumps that turn into blisters and then scabs.
- The rash appears over three to four days. At any one time, the lesions of the rash vary in stages of development.
- Symptoms usually occur two weeks after exposure to the virus.
- Most people recover without complications, but sometimes the infection can lead to serious complications, such as pneumonia and inflammation of the brain. Rarely, the infection can be fatal.
- Persons who are previously vaccinated can still get chickenpox. If chickenpox occurs in a vaccinated person it is usually mild and less contagious than in an unvaccinated person.

## How is it spread?

- Early in the illness, the virus is spread by coughing.
- Later in the illness, the virus is spread by direct contact with the fluid in the blisters.
- The infection is highly contagious to people who have never had chickenpox or who have not been vaccinated.
- People are infectious from one or two days before the rash appears (that is, during the runny nose phase) and up to five days after (when the blisters have formed crusts or scabs)
- Chickenpox infection triggers an immune response and people rarely get chickenpox twice.

## Who is at risk?

- Anyone who has not had chickenpox or been vaccinated in the past can get chickenpox.
- People with a past history of chickenpox are likely to be immune to the virus. Even adults with no history of chickenpox have a chance of being immune (because of past infection that was mild). Doctors sometimes perform a blood test to see if these people need a vaccination.

## How is it prevented?

- A free varicella containing vaccine (MMRV) is now recommended for all children at 18 months of age.
- Students in their first year of high school who have not previously received varicella vaccine and who have not had chickenpox are offered a varicella vaccine.
- The Varicella vaccine is recommended for all non-immune adolescents (>14 years) and adults. This involves two doses, at least 1 month apart. It is especially recommended for people at high risk, for example, health care workers, people living with or working with small children, women planning a pregnancy, and household contact of persons who are immunosuppressed.
- People with chickenpox should avoid others (and not attend childcare or school) until at least five days after onset of the rash and all the blisters have dried.
- People with chickenpox should cover the nose and mouth when coughing or sneezing, dispose of soiled tissues, wash their hands well and not share eating utensils, food or drinking cups.
- Pregnant women should avoid anyone with chickenpox or shingles and should see their doctor if they have been around someone with these illnesses.
- Children with an immune deficiency (for example, leukaemia) or who are receiving chemotherapy should avoid anyone with chickenpox or shingles as the infection can be especially severe.

## How is it diagnosed?

Most cases can be diagnosed based on the symptoms and by appearance of the rash. Sometimes the diagnosis is confirmed by testing samples taken from the rash or from blood.

## What is Shingles?

- Shingles is caused by the reactivation of the virus that causes chickenpox, usually in adulthood and many years after the initial chickenpox illness.
- The illness is characterised by a painful chickenpox-like rash on a small area of skin, usually on one side of the body.
- Pain and tingling associated with the rash may persist for weeks or months after the rash has cleared. This is called post-herpetic neuralgia.
- The virus can be spread by direct contact with the skin rash of infected people. This causes chickenpox in people who are not immune.
- Shingles develops more commonly in people who are immunosuppressed.

## How are shingles and chickenpox treated?

Shingles can be treated with special antiviral drugs such as acyclovir. Your general practitioner can advise on ways to minimise the discomfort associated with the symptoms of infection.

Chickenpox infection usually resolves without treatment.

## What is the public health response?

Chickenpox is not currently notifiable in NSW but the incidence is monitored through the number of patients attending emergency departments and the number of patients who are hospitalised with chickenpox or shingles.

- Varicella vaccine protects against chickenpox, even if given up to five days after exposure.
- Short-term immunisation with varicella-zoster immunoglobulin (VZIG) - which is made from antibodies in donated blood - can prevent illness in people at high risk of complications. This needs to be given within 96 hours of exposure to the virus to be effective. People at high risk of complications following exposure include pregnant women who have not had chickenpox and who have not been immunised, newborn babies, and some immunosuppressed patients.

For further information please call your local Public Health Unit on 1300 066 055 or visit the New South Wales Health website [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

# Hand, foot and mouth disease

*Hand, foot and mouth disease is a very common viral disease of childhood which is easily passed from person to person. It usually causes a mild illness but rarely causes serious illness. It is not related to the foot and mouth disease that affects animals. Good hygiene helps prevent infection.*

Last updated: 10 August 2016

## What is hand, foot and mouth disease?

Hand, foot and mouth disease is generally a mild illness caused by enteroviruses, including coxsackieviruses. It is usually not a serious illness and is not related to the foot and mouth disease that affects animals. It mainly occurs in children under 10 years of age but can also occur in older children and adults.

## What are the symptoms?

- Hand, foot and mouth disease starts with blisters that begin as small red dots which later become ulcers. Blisters appear inside the cheeks, gums, and on the sides of the tongue, as well as on the palms of the hands and soles of the feet. In infants, blisters can sometimes be seen in the nappy area. Blisters usually last for 7 to 10 days
- Children can sometimes have a low fever, sore throat, tiredness, feel off colour and may be off their food for a day or two
- Very rarely, enteroviruses can cause other illnesses that affect the heart, brain, lining of the brain (meningitis), lungs, or eyes.

## How is it spread?

- Hand, foot and mouth disease is usually spread by person-to-person contact. The virus is spread from the faeces of an infected person to the mouth of the next person by contaminated hands. It is also spread by secretions from the mouth or respiratory system, and by direct contact with the fluid from blisters
- It usually takes between three and five days after contact with an infected person before blisters appear. The virus can remain in faeces for several weeks.

## Who is at risk?

- The viruses that cause hand, foot and mouth disease are common and particularly affect children.
- Many adults, including pregnant women, are often exposed to them without symptoms. There is no clear evidence of risk to unborn babies from hand, foot and mouth disease. However, infected mothers can pass the infection onto newborn babies who rarely can have severe disease.
- Outbreaks may occur in childcare settings.

## How is it prevented?

- Good hygiene is the best protection. Wash hands with soap and water after going to the toilet, before eating, after wiping noses, and after changing nappies or soiled clothing
- Avoid sharing cups, eating utensils, items of personal hygiene (for example: towels, washers and toothbrushes), and clothing (especially shoes and socks)
- Thoroughly wash any soiled clothing and any surfaces that may have been contaminated.
- Teach children about cough and sneeze etiquette.



- Cover coughs and sneezes with a tissue. Coughing into an elbow is better than coughing into your hands.
- Dispose of used tissues in the bin straight away.
- Wash your hands afterwards with soap and water.

### **How is it diagnosed?**

- Your doctor can diagnose hand, foot and mouth disease based on the symptoms. Laboratory tests are not usually necessary.

### **How is it treated?**

- Usually no treatment is needed. Paracetamol will relieve fever and discomfort. Do not give children aspirin.
- Allow blisters to dry out naturally. The blisters should not be deliberately burst because the fluid within them is infectious.
- Make sure young children are drinking enough as painful mouth sores can make some children reluctant to swallow liquids.

### **What are the signs of a serious infection?**

Signs that an infant or older child might have a more serious form of hand, foot and mouth disease include any of the following:

- Persistent fever (38°C or above for 72 hours or more)
- Abnormal movements / jerking movements
- Rapid breathing
- Excessive tiredness, drowsiness
- Excessive irritability
- Difficulty walking.

If any of these signs are present then the child should be seen by a doctor urgently even if they have been checked earlier in the illness.

### **How long should children stay away from childcare and school?**

Children with hand, foot and mouth disease should be excluded from school or childcare facilities until their blisters have dried-up, and any rash (if present) has gone and any fever has settled.

### **What is the public health response?**

Hand, foot and mouth disease is not a notifiable disease under the Public Health Act. However, to help prevent spread parents should report the illness to the director of the childcare centre or the school principal.

### **Further information**

For further information please call your local public health unit on 1300 066 055.