



PRINCIPAL'S REPORT

Dear all,

Crazy Hair Day

There were some weird and wonderful hairdos at school today! Thank you to everyone for supporting Camp Quality by bringing in a gold coin donation. The school raised \$164 for this important cause.

Bump it Up Strategy

Our school has been selected to be involved in the Bump It Up Literacy and Numeracy strategy. The initiative aims to increase the percentage of students in the top two achievement bands in Year 3 and 5 NAPLAN. Next Monday and Tuesday, I will be joining Mr Newton and Mrs Raymer in Sydney to learn more about strategies we can implement at school to reach this target.

Cross Country

Our Cross Country Carnival is scheduled for next Tuesday, 4 April. Unfortunately, I will not be able to attend as I will be in Sydney, but I know it will be a fantastic event. If the carnival needs to be postponed due to inclement weather, it will be on our Facebook page or Skoolbag app.

Good luck to all our competitors.

Easter Parade and Raffle

Thank you to the families who have been supporting our Easter raffle by donating eggs or bunnies, or selling tickets. Goodies can be dropped off to the office any time until next Wednesday. A reminder that any unsold tickets will need to be either sold or returned to school by next Wednesday, 5 April. More tickets are available through the office if they are required. Students are busy making their hats at school and our parade will commence at 1.30pm, followed by our raffle. All parents and friends are invited to attend.

Tell Them From Me Survey

This year, our school is participating in the Tell Them From Me Survey which gathers data about how students, parents and teachers feel about a range of aspects of our school. The data is collated statewide to give an overview of attitudes towards NSW schooling and on a more local level, enables us to ensure we are meeting the needs of our school community.

Data is collected electronically and respondents cannot be identified. Today our Year 5 and 6 students each received information outlining their involvement in an online survey. Today's note contained a slip that parents can return to opt out of involvement if they wish for their child **NOT** to be involved. If the note is not returned, Year 5 and 6 students will complete the online survey at the end of next week. During Term 3 all parents will be invited to participate in a parent survey. If you would like to discuss more about the surveys, please see me in the coming days.

School ANZAC Ceremony and ANZAC Day March

Our school will be holding our ANZAC ceremony on Thursday 27 April. Parents and visitors are most welcome to attend. As always, students are expected to be in full winter uniform.

Our students will also be participating in the Huskisson ANZAC March on Tuesday 25 April. It would be lovely if we had a strong turn-out of students. We have attached the slip to today's 'Bulletin' to give us an indication of numbers, however, students can still march if their slip is not returned. Once again, students are to be in full winter uniform. Those marching will need to assemble in Hawke Street, Huskisson at 10am for a 10.30am step off.

Have a great week,

Rod White
Principal



This week's value is
***Be the Best
That You Can Be***
Congratulations to this week's
winners
Jet L and Molly

Easter Raffle

*Our Giant Easter Raffle will be drawn at our
Easter Hat Parade on Thursday 7 April.*

*Thank you to those families who have
donated to our Easter Raffle.*

*Donations can be dropped off at the office
and all donations are gratefully received.*

Achievement Awards

Congratulations to the following students who received an Achievement Award:

Grey Achievement Awards (Four Tall Trees)

- KD** - Jayden, Noel, Maddison, Mason, Kiang, Deegan, Melia, Zoey, Max, Carey, Mariah, Milly, Jesse and Olivia.
- 1F** - McKenzie, Annabelle, Scarlett, Teddy and William.
- 2M** - Addison, Amarli, Jack, Ruby, Chloe, Rachel and Matthew.
- 2-3K** - James and Jorden.
- 4-5M** - Hayden, Caleb, Miles, Ethan and Sophie.
- 5-6N** - Lily, Bree, Liv, Lola, Olivia, Jemma, Couper, Saphira, Tyran, Jacob, Matthew and Iden.

OFFICE NEWS**Parvovirus and Impetigo**

I wish to advise parents and carers that the school has been notified that there is a case each of Parvovirus (slapped cheek) and Impetigo within our school community. Both of these conditions are common in childhood, are contagious and parents are urged to keep students at home until they have recovered. Attached to this 'Bulletin' is an information sheet on both of these conditions. Further information can be found at www.health.nsw.gov.au or by calling 1300 066 055.

Marg Blair

2018 - YEAR 5 OPPORTUNITY CLASS INFORMATION EVENING

(for academically gifted children)

Gifted and talented students are given a caring, enriching and exciting academic environment to help them achieve their full potential in this two-year program.

Parents of gifted and talented children currently in Year 4 are invited to attend an information evening at Illaroo Road Public School At 6pm on Tuesday 2 May, 2017.

Applications online 26 April -12 May
(search online for OC Placement NSW).

Contact Bob Lowe, Deputy Principal
on 4421 0422 for more information.

COMING EVENTS - Term 1**WEEK 11**

Mon 3 Apr	-Library Borrowing - 2-3K
Tue 4 Apr	-Cross Country - Timber Hills
Wed 5 Apr	-Library Borrowing - KD and 4-5M -NO UNIFORM POOL
Thu 6 Apr	-Easter Hat Parade - 1.30pm -Student Banking
Fri 7 Apr	-Chocolate Fundraiser Money Due -School Assembly - 2.40pm -Last Day of Term 1

TERM 2 - WEEK 1

Mon 24 Apr	-Staff Development Day
Tue 25 Apr	-ANZAC DAY
Wed 26 Apr	-Students Return
Thu 27 Apr	-ANZAC Day Ceremony - 10.15am

WEEK 2

Wed 3 May	-School Photos
Fri 5 May	-Junior Gala Day - AFL

SPORTS SHORTS**Cross Country**

The school Cross will be on Tuesday 4 March at 'Timber Hills', Tomerong and includes all students from Kindergarten to Year 6.

The back-up date for this event is Tuesday 2nd May (Week 2, Term 2).

Additional permission notes for this event are available from the office foyer.

We also invite parents to bake cakes and delicious slices for this event to support the on-site canteen that operates on the day. We are always in need of parent helpers at the canteen or on the course. If you can help, please let me know.

Mr Munn

CANTEEN NEWS**Cross Country Carnival**

A limited canteen will be available at the school Cross Country. We are asking parents for donations of cup cakes, slices and muffins. Please take your donations to the cross country course, or they can be left at the school canteen on the morning.

Kylie Hassett

CANTEEN ROSTER - TERM 1

FRI 31 MAR - Erin and Adrienne
WED 5 APR - Rebecca and Patricia

UNIFORM POOL CLOSED - WEDNESDAY 5 APRIL

Communicable Diseases Factsheet

Impetigo

Last updated: May 2016

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.

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 with soap 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,
- Not to scratch scabs or pick their nose,
- Not to share their clothes, towels, or toothbrushes.

Parents should be careful not to allow items such as bed linen, nail scissors, tweezers or razors used by the affected person to be used by others.

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 (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.

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.

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.

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

Communicable Diseases Factsheet

Parvovirus B19 (Fifth Disease)

Last updated: 1 July 2012

Parvovirus B19 infection is a mild rash illness that occurs most commonly in children. The ill child typically has a "slapped-cheek" rash on the face and a lacy red rash on the trunk and limbs. The child is not very ill, and the rash resolves in 7 to 10 days.

What is Parvovirus B19 (Fifth Disease)?

Parvovirus B19 is a common childhood viral illness. It is also called fifth disease, "slapped cheek" or erythema infectiosum. About 50 per cent of all adults have been infected sometime during childhood. Parvovirus B19 only infects humans and cannot be transmitted to or from animals.

What are the symptoms?

The ill child typically has a "slapped-cheek" rash on the face, which may be followed by a lace like rash on the trunk and limbs. Occasionally, the rash may itch. The child may have a low-grade fever, runny nose, and nausea and diarrhoea a few days before the rash breaks out. The rash resolves in 7 to 10 days but may recur in when exposed to sunlight or heat for 3 weeks or longer.

An adult who is infected with parvovirus B19 may have no symptoms at all, or may develop a rash, joint pain or swelling, or both. It is usually the small joints of both hands and occasionally ankles, knees and wrists that are affected. The joint symptoms usually resolve in a week or two, but can last longer.

Symptoms usually develop between 4 and 20 days after being infected with the virus.

How is it spread?

The virus is spread by contact with infected respiratory secretions (for example, by coughing), and from mother to unborn baby.

Persons are most contagious before the rash develops.

Who is at risk?

Any one who is not immune to it. (People who have had parvovirus B19 are usually immune to it for life).

What if I am pregnant?

Usually there is no serious complication for a pregnant woman or her baby following exposure to a person with parvovirus B19 infection.

About 50 per cent of women are already immune to parvovirus B19, and these women and their babies are protected from infection and illness. For women who are not immune, the infection usually only causes a mild illness. Rarely, miscarriages can occur usually when the mother becomes infected early in the pregnancy.

How is it prevented?

There is no vaccine or medicine that prevents parvovirus B19 infection.

- Frequent hand washing is recommended to reduce the spread of parvovirus.

- Excluding infected persons from work, child care centres, schools, or other settings is not likely to prevent the spread of parvovirus B19, since ill persons are contagious before they develop the rash.

How is it diagnosed?

A doctor can often diagnose parvovirus B19 by seeing the typical rash during a physical examination. In cases in which it is important to confirm the diagnosis, a blood test may be done to look for antibodies to parvovirus. A blood test for parvovirus B19 may show that you are either:

- immune to parvovirus B19 and do not have the infection
- are not immune and could be infected if exposed, or
- have had a recent infection.

How is it treated?

Treatment of symptoms such as fever, pain, or itching is usually all that is needed for parvovirus B19. Adults with joint pain and swelling may need to rest, restrict their activities, and take medicines such as aspirin or ibuprofen to relieve symptoms.

What is the public health response?

Parvovirus B19 infection is not notifiable in New South Wales. Infected individuals are not excluded from childcare, school or work but should be advised to rest at home until they feel better.

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



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Respect - Responsibility - Participation - Safety



Wednesday 29 March, 2017

ANZAC Day March and Memorial Service - Tuesday 25 April, 2017

Tomerong Public School will be taking part in this year's ANZAC Day March and Memorial Service at Huskisson. If you would like your child/children to represent Tomerong Public School on this day, please return the attached note to the school with the names of the students attending.

Students must wear their full WINTER uniform. The group will assemble in Hawke Street, Huskisson at 10am for a 10.30am step off on Tuesday 25 April. We hope you can join us.

Please indicate below if your child/children will be attending on the day:

✂

ANZAC Day March and Memorial Service - Tuesday 25 April, 2017

My child/children _____, _____, _____ will take

part in the **ANZAC Day March and Memorial Service** held at **Huskisson** on Tuesday 25 April, 2017 as part of the Tomerong Public School group.

Parent/Carer

Date