



Friday Bulletin

OUR WEEK AT ABBEY PS!

This week in Abbey we have celebrated lots of things. All of our children got to experience a wonderful Harvest Assembly led by P2, P3 and P6. We congratulated our first certificate winners of the year!

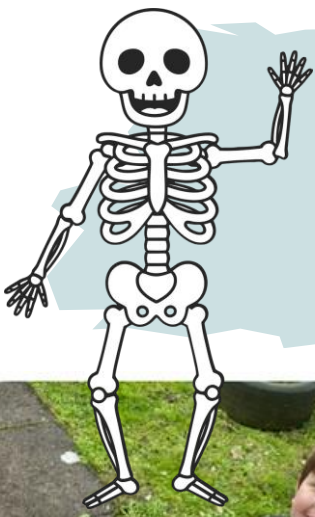


We are also celebrating our wonderful hockey teams! In the local Hockey Blitz, our two teams played brilliantly. They finished 1st and 3rd place out of the 11 teams entered. Go Team Abbey!



P4C

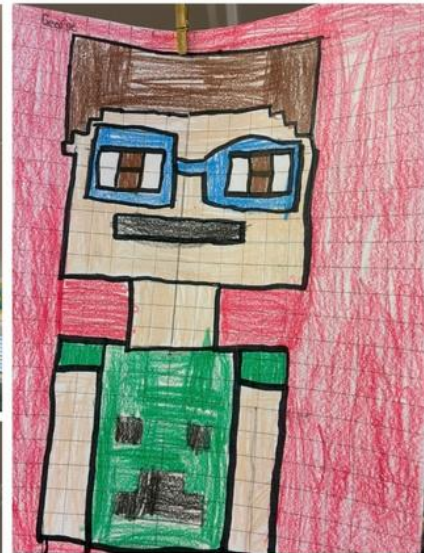
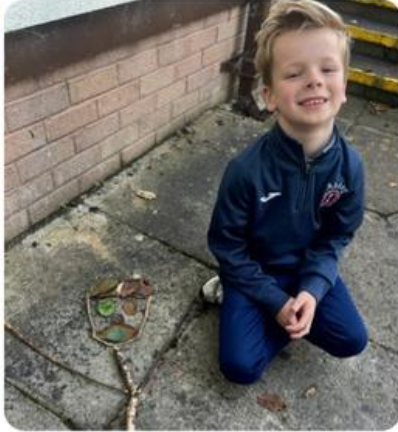
PIC-COLLAGE



YEAR GROUP SPOTLIGHT

What we have been up to in P4?

P4 have been learning all about their topic 'Ourselves'. They have enjoyed getting outside to create nature self-portraits. P4 have also got very creative and made some wonderful Minecraft style self portraits!



PIC•COLLAG

YEAR GROUP SPOTLIGHT

What we have been up to in P4?

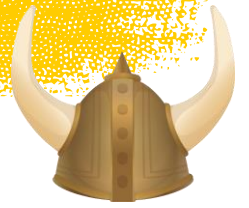


We made a beautiful Autumn scenery picture as part of our Harvest display!





SCHOOL COMMUNITY



P6 Viking Day

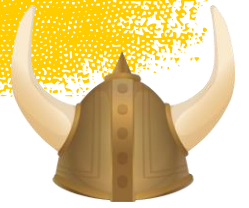
P6 had a very exciting day last week! They experienced a hands-on learning adventure all about their topic 'Vikings'. Active Learning Company led a fantastic session which really brought the topic to life. Have a look at our Viking Warriors!





SCHOOL COMMUNITY

P6 Viking Day



CERTIFICATE SUPERSTARS

Throughout September, the boys and girls worked very hard to show good behaviour, super homework and friendship skills. Well done to our certificate winners for the month of September!



CERTIFICATE SUPERSTARS

P3&4



GREAT
JOB!



PIC•COLLAGE

CERTIFICATE SUPERSTARS



CERTIFICATE SUPERSTARS

Well
Done!



REMINDERS



Start and Finish Times



P1 - P7: School begins at 8:45am

Children should wait in their line for their teacher.

P1: Finish at 1.30PM (October)

P2 and P3: Finish at 2PM

P4 - P7: Finish at 3PM

**Whole School:
Finish at 2PM on Fridays**



REMINDERS

Sparkles and Waiting Club

Breakfast Club begins at 7:45am.

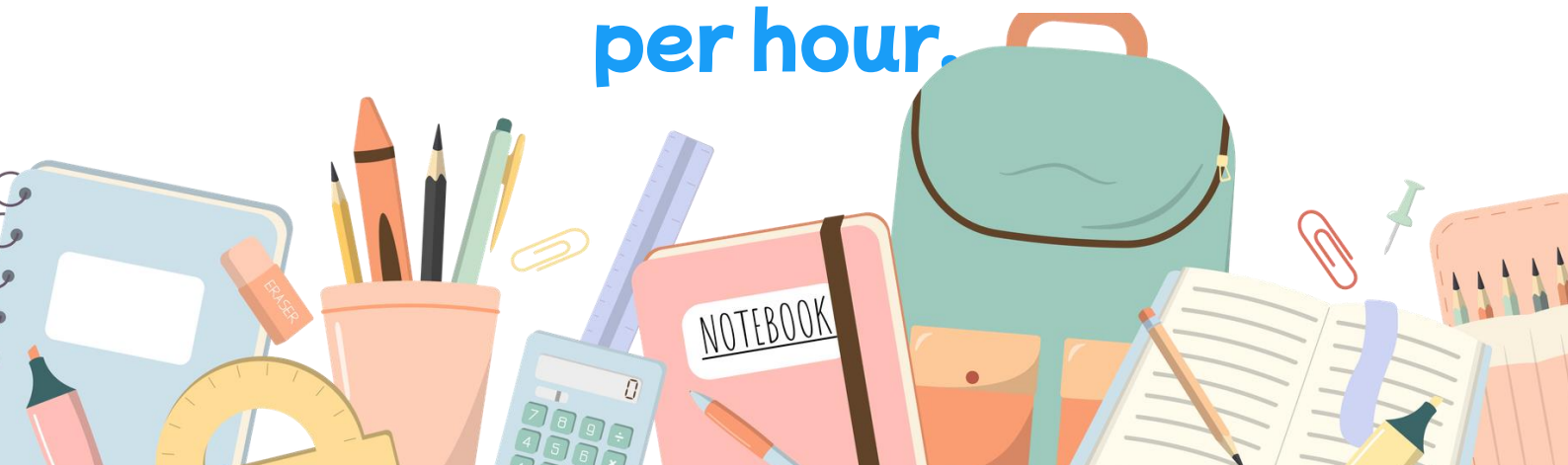
Last entry is 8:30am.

Breakfast Club is £3.00.

**Waiting Club runs from 2:00pm -
4:00pm.**

**Sparkles runs from 2:00pm -
6:00pm.**

**Please book via ParentPay - £3.50
per hour.**



DIARY DATES



Thursday 8th October	<u>UPDATED DATE:</u> Nursery Interviews AM
Friday 9th October	High 5 Friday P1-P4
Week beginning Monday 12th October	NSPCC PANTS Week
Monday 12th - Friday 16th October	Whole School Maths Week 
Thursday 15th October	Nursery Interviews PM
Friday 16th October	High 5 Friday P5-P7
19th - 23rd October	Parent/Teacher Interviews - All pupils finish at 1:30PM
23rd October	Children finish for October Half Term
2nd November	Staff Development Day - Children Off
16th November - 20th November	Anti-Bullying Week
16th November	Odd Socks Day





DINNER MENU

MONDAY 5TH OCTOBER – FRIDAY 9TH OCTOBER

Monday	Tuesday	Wednesday	Thursday	Friday
Oven Baked Fish Goujons Baked Beans & Garden Peas Chips or Mashed Potatoes	Beef Chilli Taco Boat with Salsa & Cheddar Cheese Broccoli & Coleslaw Boiled Rice	Chicken Curry & Mini Naan Bread Baton Carrots & Green Beans Boiled Rice	Roast Turkey with Stuffing & Rich Gravy Seasonal Veg of the Day Oven Baked Roast Potatoes or Mashed Potatoes	Cheeseburger with Salad Mini Corn on the Cob & Spaghetti Hoops Chips or Baked Potato
Cheese & Pesto Panini with Salad in Season Beaked Beans Chips or Mashed Potatoes	Mediterranean Chicken Pizza Broccoli & Coleslaw Oven Roasted Diced Potatoes	Golden Herb Baked Chicken Baton Carrots & Green Beans Mashed Potatoes	Quorn Fillet & Pepper Sauce Seasonal Veg of the Day Oven Baked Roast Potatoes or Mashed Potatoes	Cheesy Cajun Chicken & Veggie Wrap with Salad Mini Corn on the Cob & Spaghetti Hoops Chips or Baked Potato
Strawberry Mousse & Fruit	Raspberry Jelly with Vanilla Ice Cream & Two Fruits	Lemon & Blueberry Sponge with Custard	Oaty Biscuit with Milkshake	Fruit Salad with Raspberry Yoghurt

Dinners are £3.10 per day – £15.50 for 5 days.

All dinners must be booked via ParentPay (Abbey App) by 8:30am for the current day.

Cancellation with a full refund must be done via ParentPay.

If anyone has any allergies, or changes to allergies, please inform the school office.

Children on Free School Meals do not have to book through the app.

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 (Duty Room)** on 0300 555 0119 or

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/public-health-england 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 childcare setting	Comments
Atopic's rash	None	Atopic's rash 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 self-limiting.
Common scabies (scabies)	Four days from onset of rash (see per "Green Book")	Preventable by immunisation (MMV 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 (MMV x 2). See Vulnerable children and female staff – pregnancy
Shallow contact dermatitis	None	A self-limiting condition.
Scabies	Exclusion not usually required	Treatment is required.
Scabies (dermatitis)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scabies (rash)*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scabies, low-contact. Please Duty Room for further advice.
Severe skin rash (Stevens-Johnson syndrome)	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 complications in those who are not immune. It is not infectious. 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 warts	None	Warts should be covered in swimming pools, gymnastics and changing rooms.

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childcare setting	Comments
Diarrhoea without vomiting	48 hours from last episode of diarrhoea or vomiting	
E coli (EPEC) (EPEC)	Would be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practice.
Yersinia (and other) (Yersinia)	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.
Yersinia (shigellosis)	None	Please consult the Duty Room for further advice.
Cryptosporidium*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has ended.

Respiratory infections	Recommended period to be kept away from school, nursery or childcare setting	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, respiratory infection coughing may continue for many weeks. The Duty Room will advise any contact being necessary.

Other infections	Recommended period to be kept away from school, nursery or childcare setting	Comments
Cryptosporidium	None	If an outbreak/cluster occurs, consult the Duty Room
Epidemic typhus*	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 advise any contact being necessary.
Chlamydia	None	
Head lice	None	Treatment is recommended only in cases where 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 vaccination or other control measures that are needed for close contacts of a single case of hepatitis A and for asymptomatic carriers.
Hepatitis B*, C, HAV, HBV	None	Hepatitis B and C and HAV are bloodborne viruses that are not infectious through casual contact. For clearing of body fluid spills, see Good Hygiene Practice.
Neisseria meningitidis (meningitis)	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude children or other close contacts of a case, in case of an outbreak, it may be necessary to provide protection with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	HBV and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude children or other close contacts of a case. The Duty Room will give advice on any action needed.
Meningitis* viral	None	Other than, there is no reason to exclude children or other close contacts of a case. Contact being 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.
Pneumonia*	Exclude child for five days after onset of coughing	Preventable by vaccination (MMV x 2 doses)
Rocky Mountain spotted fever	None	Treatment is recommended for the child and household contacts.
Typhoid	None	There are many kinds, but most cases are due to typhoid and do not need an antibiotic.

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 viruses. 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 dressing.

Coughing and sneezing early spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Hand hygiene after using or disposing of tissues. Sipping should be discouraged.

Personal protective equipment (PPE) Disposable non-powered vinyl or latex-free 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 spit changing). Coughers should also be available for use if there is a risk of splashing to the face. Contact PPE should be used after 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 controls of substances hazardous to health (COSHH) equipment and correct decontamination of cleaning equipment. Monitor cleaning contacts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages All spillages of blood, faeces, urine, vomit, nasal and eye discharge should be cleaned up immediately. Use PPE when dealing with blood using a product that contains both a detergent and a disinfectant. Use a paper towel to mop up any liquid. Instructions and ensure it is effective against bacteria and viruses and should be used on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard used waste as described below. Spillages should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Linen should be washed separately at the hottest wash the fabric will tolerate. Use PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never moved by hand.

Clinical waste Includes swabs, dressings, and clinical waste in accordance with local policy. Used nappies/pads, gloves, aprons and soiled linings should be placed in a clinical waste bag. In all cases, waste bags should be removed by a registered waste contractor. All clinical waste bags should be tied shut, not full and stored in a dedicated, secure area while awaiting collection.

Sharps, needles, syringes should be discarded straight into a sharps bin conforming to BS 7320 and UK 1871 standards. Sharps bins must be kept off the floor (preferably with wheels) and out of reach of children.

Sharp injuries and bites

If skin is broken as a result of a sharp needle injury or bite, encourage the wound to bleed well thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Document injury in a 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 (HSNI) guidelines for protecting the health and safety of children should be followed.

Animals in school (pets or caged) Some animals living quarters are kept clean and away from food areas. Waste should be disposed of regularly and live tanks 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 should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and general health issues and the suitability of the animal as a pet. Animals are not suitable as pets in schools and nurseries, as all species carry zoonotic risks.

Visits to farms For more information see <https://www.hse.gov.uk/publications/pwetting-in-vetting/>. If health and safety issues arise, contact relevant authorities.

Vulnerable children

Some medical conditions make children vulnerable to infections that would only be serious in most children. These include those being treated for leukaemia or other cancer, or high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and children with normally have been made aware of such children. These children are particularly vulnerable to challenges, measles and pertussis (if not) and if exposed to either of these, the conditions should be informed promptly, and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and Hib. 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.

Female staff* – pregnancy

If a pregnant woman develops a rash it is a direct contact with someone with a potentially infectious rash. This should be managed by a doctor who can contact the Duty Room for further advice. The greatest risk is pregnant women from whom infection comes from their own children, rather than the workplace.

Children can affect the pregnancy if a woman has not already had the infection. Report exposure to contacts and GP at any stage of pregnancy. The GP and obstetrician will advise 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.

Close contact (coughing) If a pregnant woman comes into contact with someone who has shingles, she should inform her GP and obstetrician as soon as possible to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

Severe skin rash (Stevens-Johnson syndrome) or severe skin rash (SJS) can occasionally affect an unborn child. If exposed only in pregnancy (before 30 weeks), there is always a good chance of a normal baby. If exposed in early pregnancy, the baby should be monitored closely.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed to measles, she should immediately inform her GP or obstetrician 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.

Immunisation

Immunisation 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 arranged through the child's GP.

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

When to administer	Disease/s vaccine protect against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Measles	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Measles	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years up to 17	Influenza	Repeat spray or injection
6 years and 9 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
10 to 14 years old	Cervical cancer caused by human papillomavirus (types 16 and 18) and genital warts caused by types 6 and 11	Two injections over six months
15 to 16 years old	Measles, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the immunisation schedule as of July 2016. 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/organisations/public-health-england or the school health service can advise on the latest national immunisation schedule.

From October 2017 children will receive hepatitis B vaccine at 2, 4 and 6 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

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, 12-17 Greatfield Street, Belfast, BT2 8BL.

Tel: 0300 303 0134
www.publichealth.hscni.net
Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.

* denotes a notifiable disease. It is a statutory requirement that the responsible notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks If a school, nursery or childcare setting reports an outbreak of infectious disease they should inform the Duty Room.

FRIENDS OF ABBEY



PTA

AGM

ANNUAL GENERAL MEETING

All parents, carers and friends
of Abbey Primary School are welcome!



WEDNESDAY
14TH OCTOBER 2026



6:30PM



ABBAY PRIMARY
SCHOOL

Come along, hear about what we've
been doing, and help shape
our plans for the year ahead!

Your voice matters!

Ards Peninsula Ju-Jitsu Clubs

**Ards Blair
Mayne Centre**

Tuesday, Friday
6:00-7:00 PM

Saturday
10:00-11:00 AM



**Carrowdore
Community Centre**

Monday
7:00-8:00 PM

**Comber
Leisure Centre**
Thursday
6:00-7:00 PM

FIRST CLASS FREE!

BEGINNERS WELCOME

Learn Self Defence • Gain Confidence • Get Fitter • Meet New Friends

Juniors 5 to 15 years Seniors 15 and over

Contact Hanshi Alan Petticrew 8th Dan



**Ards Peninsula
Ju-Jitsu Clubs**

07763 801256

www.ardsjujitsu.com

What's On

Newtownards Library

October 2026 - Children's Activities

Rhythm & Rhyme

Every Tuesday & Thursday 10:30am-11:00am

Songs & rhymes for ages 0-4 and carers

Junior Colouring Club

Every Friday after school until closing time

Bring a friend or make new friends as you colour or do jigsaws

Lego & Story Club

Every Saturday 2:00pm-3:00pm

For ages 4+ (adult supervision essential for under 8s)

Teen Doughnut Drop In

Monday 12 October 4:00pm-5:00pm

Colouring, jigsaws and doughnuts for ages 11-19

Wednesday Bookworms

Wednesday 21 October 4:00pm-4:45pm

Junior book group for ages 8-11 (booking advised)

Story & Craft

Tuesday 27 October 3:30pm-4:30pm

For ages 4+ (booking & adult supervision essential for under 8s)

Giant Half-Term Family Games

Wednesday 28 October 2:00pm-3:00pm

For all the family (booking & adult supervision essential)

Free Period Products, Jigsaws & Adult Colouring
Available at any time

For more information on any of the above:

t: 028 9181 4732

e: newtownards.library@librariesni.org.uk

Facebook: Libraries in Ards and North Down





Winter GLOW KIDS CLUB



Monday evenings in October

(5th, 12th, 19th and 26th - parents night)

TIME:

6.30-7.45pm

WHO:

All children who are primary school age are welcome to come along.

WHAT:

Crafts, games, quizzes, songs, memory verse and Bible stories

WHERE:

The Beacon, 58 Movilla Road,
Newtownards

To register, please
scan the QR code



For any further information please
contact Clifford on 07968167155

