



## Friday Bulletin

### OUR WEEK AT ABBEY P.S!

Autumn has certainly arrived!  
The mornings are getting chillier, the leaves are falling and the winter coats are starting to make an appearance! Enjoy looking at our Harvest assemblies and art.



# Harvest Celebration

Last week, we celebrated Harvest. P2, P3 and P6 were very busy preparing to perform their harvest assemblies over the recent weeks. They all put on a fabulous assembly emphasising the importance of Harvest and saying thanks.

**THANK  
YOU!**

A big thank you for all your support and donations for the Newtownards Foodbank. We donated a wonderful amount of food and essentials which will go to families in need in the local community!



**P3 Narrators**



# Harvest Celebration



Harvest  
Assembly in P1  
and P2



# Harvest Celebration



**P6 Readers**

The theme of the P6 assembly was 'Ards Foodbank'. P6 spoke to P5 and P7 about how the foodbank helps families within the local community not only with food supplies but emotional support - a friendly face or voice to give support when needed.



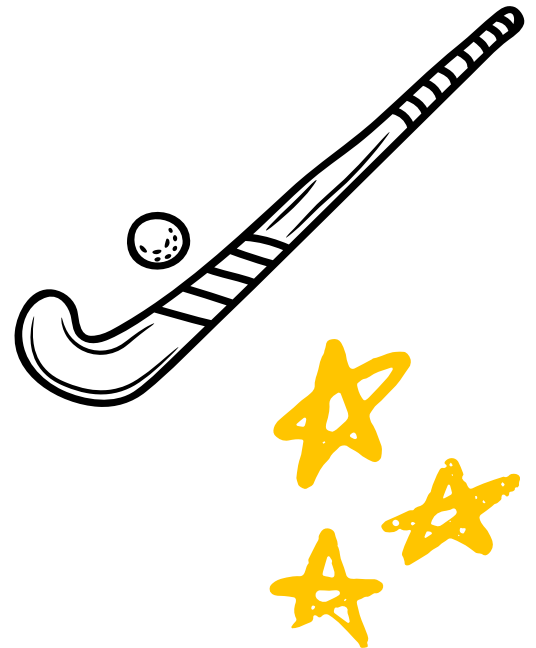
# Harvest Art



# Harvest Art



# Sporting Success



Both our boys' hockey teams competed in the Hockey Blitz this week in Comber! They both played six matches each, coming up against some tough opponents. Team B played wonderfully with the addition of some new players and a brand new keeper. Well done Team B! Team A won all their matches, only conceding one goal in the whole Blitz! Team A went on to win the Blitz. Congratulations Team A and all the boys taking part!



# 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**

**P2 and P3: Finish at 2PM**

**P4 - P7: Finish at 3PM**

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



# DIARY DATES



|                                       |                                                                                                             |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Week beginning Monday<br>12th October | NSPCC PANTS Week                                                                                            |
| Monday 12th - Friday<br>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 - <b>All pupils finish at 1:30PM</b>                                              |
| 23rd October                          | Children finish for October Half Term                                                                       |
| 2nd November                          | Staff Development Day - Children Off                                                                        |
| 16th November - 20th<br>November      | Anti-Bullying Week                                                                                          |
| 16th November                         | Odd Socks Day                                                                                               |
| 14th November                         | SEAG Test 1                                                                                                 |
| 21st November                         | SEAG Test 2                                                                                                 |

*Good Luck*  
**YOU GOT THIS**





# DINNER MENU

**MONDAY 12TH OCTOBER – FRIDAY 17TH OCTOBER**

| Monday                                                                             | Tuesday                                                                 | Wednesday                                                                       | Thursday                                                                                                           | Friday                                                                                                |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Oven Baked Fish Fingers<br>Garden Peas & Diced Carrots<br>Chips or Mashed Potatoes | Homemade Beef Bolognese<br>Sweetcorn & Coleslaw<br>Pasta Spirals        | Chicken Curry & Mini Naan Bread<br>Baton Carrots & Broccoli<br>Boiled Rice      | Roast Gammon with Stuffing & Rich Gravy<br>Seasonal Veg of the Day<br>Oven Baked Roast Potatoes or Mashed Potatoes | Oven Baked Chicken Goujons<br>Baked Beans & Mini Corn on the Cob<br>Chips or Baked Potato             |
| Tuscan Chicken Pasta<br>Garden Peas & Diced Carrots<br>Chips or Mashed Potatoes    | Margherita Pizza<br>Sweetcorn & Coleslaw<br>Oven Roasted Diced Potatoes | Roast Vegetable Sausages & Gravy<br>Broccoli & Baton Carrots<br>Mashed Potatoes | Creamy Salmon Pasta<br>Seasonal Veg of the Day<br>Oven Baked Roast Potatoes                                        | Sweet Chilli Chicken Panini with Salad<br>Baked Beans & Mini Corn on the Cob<br>Chips or Baked Potato |
| Rice Pudding with Peach Slices                                                     | Ice Cream and Pears with Chocolate Sauce                                | Apple Sponge Cake with Custard                                                  | Chocolate & Raspberry Cookie with Orange Wedges                                                                    | Layered Banana with Yoghurt, Banana Mousse & Biscuit                                                  |

**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](http://www.publichealth.hscni.net) or [www.gov.uk/government/organisations/public-health-england](http://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 (pediculosis) | Four days from onset of rash (see per "Green Book")                                     | Preventable by immunisation (HIV + 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 (HIV + 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 (infestation)        | None                                                                                    | None                                                                                                                                                                                                                                        |
| Scabies                      | Child can return after first treatment                                                  | Household and close contacts require treatment.                                                                                                                                                                                             |
| Scabies (scabies)            | 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. See Duty Room for further advice.                                                                                                  |
| Scabies (scabies)            | 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 chilblains in those who are not immune. LA have not had chilblains. 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                                                                                    | Verucae 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)                               | 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) (see per "Green Book") | 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)                      |                                                                                        | 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 testing 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 testing 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 contacts.                                                                                                                                                                                      |
| 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 Clean Hygiene Practice.                                                                                                                                                                                           |
| Neisseria meningitidis (N. meningitidis) | 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 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                                                                                     | 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                                                                                                | Minor cases. There is no reason to exclude children or other close contacts of a case. Contact testing 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.                                                                                                                                                                            |
| Parvovirus                               | Exclude child for five days after onset of swelling                                                 | Preventable by vaccination (HIV + 2 doses)                                                                                                                                                                                                                                                                                                                |
| Pharyngitis                              | 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 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 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 in a plastic bag, sealed and taken home.

**Clinical waste** (e.g. swabs, dressings, etc.) and clinical waste in accordance with local policy. Used nappies/pads, gloves, aprons and soiled linings should be placed in a container for clinical waste. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be tied shut, not full and placed in a dedicated, secure area while awaiting collection.

**Sharps, needles, etc.** should be discarded straight into a sharps bin conforming to BS 7320 and BS 7321 standards. Sharps bins must be kept off the floor (preferably wall mounted) 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 (petting or visiting)** Some animals living quarters are kept clean and away from food areas. Waste should be disposed of regularly and free from access 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.

**Visits to farms** For more information see <https://www.hse.gov.uk/publications/pwetting-an-avoiding-ill-health-animals-contact-children-activities>

## 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 chickenpox, measles and parvovirus B19 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. 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 the 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.

Support (see above) 20th disease or parvovirus B19 can occasionally affect an unborn child. If exposed only in pregnancy (before 20 weeks), there is always a good chance of a normal outcome. If exposed in early pregnancy, the risk is higher. If a pregnant woman is exposed she should immediately inform her GP and 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](http://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](http://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.

15-01 (revised) (NI), Belfast, BT2 8BL  
Tel: 0300 333 0134  
[www.publichealth.hscni.net](http://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](http://www.ardsjujitsu.com)**

# Little Smashers Newtownards



 **Wednesday's 3.45-4.45pm**  
 **Ages 6-13 year olds**  
 **Ards Blair Mayne Wellbeing and Leisure Complex**



Little Smashers Newtownards

Ulster Badminton are running a Little Smashers session in Newtownards.

When: Wednesday's 3.45-4.45pm

Where: Ards Blair Mayne Wellbeing and Leisure Complex, 1 Dairy Hall Lane, Newtownards, BT23 4DB

If you would like further information on this, please contact Kyle on [developmentofficer@ulsterbadminton.com](mailto:developmentofficer@ulsterbadminton.com) or 07359199225

