



#TeamMoorside Parent Update 09.12.22

Dear Parents/Carers,

It has really started to feel like Christmas this week, the tree is up in reception, and I had the privilege with Miss Hill to take four students to sing at St Ann's Hospice, Light of Life service. The students were an absolute credit to us as a school. We were asked very last minute as the choir that was due to sing had to cancel, the girls brought a tear to everyone's eye. St Ann's Hospice have already asked if we will be the official choir for next year. Our aim is to highlight more the talent we have within school, our new Head of Music is taking up post in January 2023, and we already have plans for more concerts and events that parents/carers can attend.



Christmas Jumper day was also in full swing on Thursday, and it was amazing to see all the donations for our food bank. All four trolleys were full, thank you also to our Pride Club, who had a stall of delicious cakes for everyone.

Year 7, 9 and 10 have embraced the assessments this week and will continue with these next week. Following this, we will go into our final week. We have lots of activities planned in the run up to Christmas and look forward to seeing all students in and enjoying them. Thank you for your continued support in ensuring students are attending and staying focused, your support is very much appreciated.

Finally, as you may be aware from recent media attention, we are seeing a higher than typically expected number of scarlet fever, Group A Strep and invasive Group A Strep cases, this winter. Although invasive Group A Strep is rare, due to the media coverage we wanted to share some information, to support staff and parents with the correct and relevant information. Please [click here](#) to access more information and a letter from Gillian McLaughlan The Deputy Director of Public Health in Salford. We have also attached some information at the end of the parent update. If you have any questions around this, please do not hesitate to contact us at MHSinfo@consilium-at.com

Have a lovely weekend
Mrs Ryles-Dean
Headteacher

Mission Christmas

As we approach the festive season, we are encouraging everyone to be a secret Santa again this year. Moorside High School has always played a big role in supporting the charity, Cash for Kids and we are hoping to have a record-breaking year this year. If you can support, all donations can be left in our charity supermarket trolleys. The only requirement from the charity is that donations are unwrapped and unused (new). We are always overwhelmed by the generosity of our parents/carers, and we thank you in advance for your support with this.

School meals

From January 2023 the cost of a school meal will rise by 10p across all Salford Schools. The cost of a high school meal will be increasing to £2.30. If you have any difficulty in providing payment for meals, please email mhsinfo@consilium-at.com. All queries will be dealt with confidentially and we will work with you to ensure that a suitable solution can be found. We encourage all families to check their eligibility for Free School Meals regardless of their income, please click the following link to view more information. [Free School Meal Checker](#)

National Schools Award

Moorside High School is a fantastic school with an inspired team of staff who are dedicated to the education of our 1147 students. We are a school where we aim to get the balance right between academic progress, pastoral support, and the wider curriculum enrichment.

There is an energy and a passion amongst staff to work on continually refining what we do, demonstrating our school values of C.A.R.E – Consideration, Aspiration, Resilience and Equality. There is no doubt that the culture of the school has moved forward significantly over the past 18 months, but we are conscious about not wanting to rest on our laurels and recognise that although we are on an exciting journey, there is still lots of work to do. To be shortlisted from national nominations for the award was really special. Unfortunately on the evening, we narrowly missed out on the award, but we are so proud of the work that has already taken place and are really passionate about continuing to move the school forward. Consilium did bring home one award and we are extremely proud to be part of this, Consilium Academies Trust were awarded 'MAT of the Year'. This award recognises that we are a Trust that is continuing to develop and strengthen. David Clayton our CEO commented 'This award reflects the absolutely wonderful community that we all, together, have created and continue to nurture. 745 colleagues and 6,243 students' Thank you to everyone that wished us luck with the awards, we are confident that next time Team Moorside will bring it home.

Last week of term

As a school, we really want to celebrate the students' achievements this term. All year groups will enjoy a celebration assembly where we can acknowledge, not only those students that do the right thing, at the right time, in the right place, but also those that go above and beyond. The following will take place during the last week of term:

Monday 19th December

Normal Lessons apart from:

- Period 1 - Year 7 - Celebration Christmas Assembly
- Period 2 - Year 8 - Celebration Christmas Assembly
- Period 3 & 4 – Year 7 & 8 Christmas rewards cinema (Performance Hall)

Tuesday 20th December

Normal Lessons apart from:

- Period 1 - Year 9 - Celebration Christmas Assembly
- Period 2 - Year 10 - Celebration Christmas Assembly
- Period 3 & 4 – Year 9 & 10 Christmas rewards cinema (Performance Hall)
- Christmas Lunch in the Dining Hall

Wednesday 21st December

Normal Lessons apart from:

- Period 1 - Normal Lesson
- Period 2 - Year 11 - Celebration Christmas Assembly
- Extended Break with a hot breakfast available
- Period 3 - Reduced Period 3 - Form Christmas Quiz.
- Early Finish - 12.05 - Happy Holidays

Looking forward to January

Just as a heads up, within the first few weeks of January the following will be taking place:

- Lockdown Drill – 10th January 2023. More details will be provided before the drill.
- Flu Jabs for KS3 – 20th January 2023. The school nurse team will be circulating more information regarding this over the next week.

Puzzle of the week

Puzzle of the Week

Numeracy Puzzle of the Week

Tony owes Tina 40p.
Then Tina borrows 50p from Tony.
Later Tony lends Tina 60p.

Who has to pay what to whom to square things up?

Tell your form tutor or maths teacher to get a card for a prize if you got the answer correct.

Word of the week

WORD OF THE WEEK

BENEVOLENT

(ADJECTIVE)



BENEVOLENT

CHARITABLE | KIND | COMPASSIONATE | GOOD

Kind and helpful; gives money and help to those in need.

The lady running the charity sale was benevolent and wouldn't hurt a fly.



Key Dates:

- Monday 5th – Friday 16th December Year 7, 9 and 10 Assessment weeks
- Monday 12th December Mock results day
- Wednesday 21st December School closes for Christmas - 12.05
- Tuesday 3rd January 2023 INSET Day (STAFF ONLY)
- Wednesday 4th January 2023 School re-opens 08:25

All term dates for the academic year, 22/23, 23/24 can be found on the school website or by [clicking here](#)

MHSYear7@consilium-at.com , MHSYear8@consilium-at.com, MHSYear9@consilium-at.com,
MHSYear10@consilium-at.com, MHSYear11@consilium-at.com, MHSabsence@consilium-at.com

Email: MHSinfo@consilium-at.com

Twitter - @moorsidehigh

Instagram – moorsidehighofficial

CONSIDERATION ASPIRATION RESILIENCE EQUALITY

Guidance on Infection Control in Schools and other Childcare Facilities



For the latest “Guidance on Infection Control in Schools and Other Childcare Facilities” from The UK Health Scrutiny Agency (UKHSA) go to:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Further information can be found at <https://www.nhs.uk/>

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Chicken Pox (V)	Until 5 days after the appearance of the rash and all blisters have crusted over	If there are also any scarlet fever cases in the facility, report any cases to your local IPCT/HPT. Spread: Respiratory secretions and touch
Cold sores (Herpes simplex) (V)	None	Cold sores take time to heal and are contagious, especially when the blisters burst. Do not kiss babies if you have a cold sore. It can lead to neonatal herpes, which is very dangerous to newborn babies. Spread: Direct contact with cold sores/blister fluid
Hand, foot and mouth (V)	None if child is well. Exclusion may be considered in some circumstances	Contact your local HPT if a large number of children are affected. Spread: Oral secretions and touch
Impetigo (B)	Until blisters are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period Spread: Touch and contaminated surfaces and items
Measles* (V)	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Spread: Nasal and throat secretions, touch and contaminated items/ surfaces
Molluscum contagiosum (V)	None	A condition that tends to go away on its own, without treatment Spread: direct touching the skin of an infected person or touching contaminated objects
PVL (B)	Children and staff with a lesion or wound that cannot be covered should be excluded. May need to be restricted from certain activities	If further information is required, contact your local IPCT Team/HPT Spread: Skin to skin and contaminated surfaces
Ringworm (F)	Exclusion not usually required	Treatment is required Spread: Skin to skin contact, household pets, soil (rare), contaminated items
Rubella (German measles) (V)*	Five days from onset of rash	Preventable by immunisation (MMR x2 doses). Report cases to UKHSA. See UKHSA Guidance document Spread: Nasal and throat secretions, touch and contaminated items/surfaces
Scabies (P)	Child can return after first treatment	Household and close contacts require treatment. Spread: Skin to skin contact
Scarlet fever* (B)	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child. Report any cases to your local IPCT/HPT Spread: Respiratory droplets, direct touch and contaminated items/surfaces
Slapped cheek (fifth disease)/ Parvovirus B19 (V)	None (once rash has developed)	See UKHSA Guidance document Spread: Respiratory droplets, touch and contaminated items/surfaces
Shingles (V)	Exclude if rash is weeping and cannot be covered	A person with shingles is infectious to those who have not had chickenpox. Spread: Respiratory secretions or by direct contact with fluid from blisters
Warts and verrucae (V)	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms Spread: Contaminated surfaces or through close skin contact

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza) (V)	Until child is well enough and no longer has a fever	Vaccine is available for children and adults in at risk groups Report outbreaks to your local IPCT Team/HPT Spread: respiratory droplets, touch and contaminated items/surface
Covid 19 (V)	Please refer to current guidelines	https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
Tuberculosis* (B)	Always consult your local UKHSA centre	Some (but not all) people who develop TB of the lung are infectious to others. Spread: respiratory droplets, usually requires prolonged close contact
Whooping cough* (pertussis) (B)	48 hours from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Spread: respiratory droplets, nose and throat secretions

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea/vomiting: Noro or rotavirus (V) campylobacter & salmonella (B)	Exclude for 48 hours from the last episode of diarrhoea / vomiting	Report outbreaks to your local IPCT Team/HPT Spread: Faecal oral route, infected water, contaminated food
E. coli O157 VTEC* Typhoid* and paratyphoid* (enteric fever) Shigella* (dysentery) (B)	Exclude for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting. This includes children aged five years or younger and those who have difficulty in adhering to hygiene practices.	Children in these categories should be excluded until there is evidence of microbiological clearance. Some other contacts may also require microbiological clearance. Please consult UKHSA for further advice Spread: Faecal oral route, infected water, contaminated food
Cryptosporidiosis (P)	Exclude for 48 hours from the last episode of diarrhoea	Exclude from swimming for two weeks after the diarrhoea has settled. Spread: contact with soil, water, food or surfaces that have been contaminated by infected stools (faeces) containing the parasite.

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis (B & V)	None	If an outbreak/cluster occurs contact your local IPCT/HPT Spread: Direct touch and contaminated items
Diphtheria* (B)	Exclusion is essential. Always consult with UKHSA.	Preventable by vaccination. UKHSA centre will organise contact tracing necessary Spread: Respiratory droplets, touch and contaminated items/surfaces
Glandular fever (V)	None if child is well	Spread: Saliva and contaminated items
Head lice (P)	None	Child and contacts should be treated at same time if live lice are seen. Spread: Head to head contact
Hepatitis A* (V)	Exclude until 7 days after the onset of jaundice (or onset of symptoms if no jaundice)	UKHSA will advise on control measures Spread: Faecal oral route, infected water, contaminated food.
Blood Borne Viruses: Hepatitis B*, C*, HIV (V)	None if child is well. Do not exclude chronic cases; children or staff.	Not infectious through casual contact. Acute cases will be too ill to attend school and their doctors will advise when they can return. Contact your local IPCT Team/HPT and UKHSA Spread: Contact with blood or bodily fluids
Bacterial Meningitis* (including meningococcal) (B)	Until recovered. There is no reason to exclude siblings or other close contacts of a case.	UKHSA will advise on action needed. Spread: Respiratory droplets and direct contact with nose and throat secretions.
Viral Meningitis* (V)	None if child is well	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required. Spread: Respiratory droplets and direct contact with nose and throat secretions.
Mumps* (V)	Exclude for five days after onset of swelling	Preventable by vaccination (MMR x2 doses) Spread: Droplets from nose and throat/saliva, and contaminated items/surfaces
Threadworms (P)	None	Treatment is recommended for the child and household contacts Spread: Eggs spread on hands, under fingernails, and on contaminated items

*denotes a notifiable disease. It is a statutory requirement that medical practitioners report notifiable diseases to the proper officer of the local authority— usually UKHSA

Type of Infection: V=Virus B= Bacteria P=Parasite F=Fungus

HPT = Health Protection Team IPCT= Infection Prevention & Control Team

Good hygiene practices to prevent the spread of infection

Schools and nurseries are common sites for the transmission of infections as children have immature immune systems, close contact with other children, may have an incomplete vaccination record and a poorer understanding of hygiene practices. The best way to manage infections in school and childcare facilities is to:

- Promote immunisation as per the routine childhood immunisation schedule <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
- Adhere to recommended exclusion periods— for children and staff (as per table)
- Encourage regular hand washing and good personal hygiene amongst children
- Facilitate good environmental cleaning

For further information, including free educational resources, posters, lesson plans around microbes, the spread, prevention and treatment of infection and antibiotics visit the e-Bug website <https://www.e-bug.eu/>

PEOPLE

Handwashing: Is one of the most important ways of controlling the spread of infection. Children and staff should be encouraged to wash their hands with liquid soap and warm water before and after using the toilet, before eating or handling food and after touching pets or animals. Liquid soap and paper towels are recommended. All cuts and abrasions should be covered with a waterproof plaster.

Personal Protective Equipment (PPE): Gloves (powder and latex free) and aprons should be single use and worn where there is risk of splash or contamination with blood or bodily fluids—e.g., vomit/faeces. Gloves should always be carefully removed first, followed by apron, and hands washed after taking PPE off. Cloth tabards are not recommended for use between children and tasks.

Pregnancy: Contact with children or individuals with German measles (rubella), measles, chickenpox, shingles or slapped cheek should be reported to the midwife or GP for advice. A suitable pregnancy risk assessment should be undertaken.

Immunisation: Schools and childcare settings are encouraged to check and record a child's immunisation status on initial entry. Parents and carers should be advised to have their child immunised and to catch up on any doses which may have been missed. The routine childhood immunisation schedule can be found on the UKHSA or NHS website. Staff should also ensure they are up to date with their immunisations including 2 doses of MMR vaccine, encouragement to have the seasonal flu and covid 19 vaccination.

Employees, who may be exposed to blood and bodily fluids, including risk of bites, should be signposted to occupational health services to ask about Hepatitis B vaccination.

Vulnerable individuals: Some children have impaired immunity due to underlying illness and risk factors are susceptible to acquiring infection. These may include leukaemia, other cancers, treatment with high dose steroids, enteral feeding or management or other medical devices. If a vulnerable child is thought to have been exposed to a communicable disease (as per table) parents or carers should be informed promptly so that they may seek further medical advice as appropriate.

Bites and sharps injuries: If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed and wash thoroughly with soap and water. The puncture wound can be covered with a plaster and incident recorded in the accident book. Medical advice should be sought immediately. If medicinal or diagnostic needles are required for children on-site, a sharps bin must be available at the point of care for immediate disposal, correctly assembled, signed, dated and disposed of/replaced when 2/3 full.

ENVIRONMENT

Cleaning: of the environment, including toys and equipment is vital to reduce the risk of infection transmission. Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths should be disposable (or if reusable, laundered after use). As a minimum a detergent based product should be used to clean surfaces, toys and other items. Disinfectants may be required in some situations i.e., if bodily fluids are present. The IPCT or Health Protection team will advise around this.

Outbreak reporting and management: An outbreak of infection may be defined as: an incident in which two or more people are experiencing a similar illness or symptoms and are linked in time or place, i.e., lots of children off at the same time with illness such as chest infections, diarrhoea and vomiting or skin infections. Outbreaks should be reported to your local IPCT or HPT team (contact details below) who will be able to advise accordingly.

Remember: “Catch it, Bin it, Kill it.” Children and adults should be encouraged to carry tissues and use them to catch coughs and sneezes, then to bin the tissues and to kill the germs by washing hands. Spitting should be discouraged.

Nappy/continence product changing: A designated area is required away from general/play facilities and any areas where food or drink is prepared or consumed. Disposable PPE should be worn and hands washed once the task is completed and waste disposed of appropriately. Facilities producing large amounts of used nappies/continence products must contact their local authority to discuss appropriate waste disposal arrangements.

Laundry: There should be a designated laundry area on site if items need to be regularly laundered. This should be away from food preparation areas and staff using the facilities should have access to PPE and hand hygiene facilities if handling soiled items. Settings where blood or body fluid spillages may occur on clothing, bedding or other items for laundering may consider obtaining dissolvable (alginate) bags which can be directly placed into the washing machine on sluice or pre-wash cycle to prevent cross contamination. Tumble dryers are also recommended. Do not dry items on radiators. Soiled items to be sent home for cleaning should be placed directly into a plastic bag, or alginate bag for parents/carers with appropriate advice.

Animals: Contact with animals can pose a risk of infection, including gastro-intestinal, fungal and parasitic infection. Children and adults must always wash their hands with soap and water after handling or petting animals, particularly farm animals.

Contact Details - UKHSA North West Tel: 0344 225 0562

Your local Health Protection (HP) or IPC (IC) Team are: Salford HP team 0800 952 1000, option 1

Produced by GM Health Protection Confederation for use within Greater Manchester

Version 03 01/06/22