



Issue 11

30th November, 2016

Victoria Police concerns around 'pop-up parties'

Dear Parents/Carers of Students,

I am writing to inform you that we have received information from Victoria Police about local 'pop-up' parties and social gatherings being organised via social media which are unsafe for the young people attending.

These parties are being hosted in private homes, abandoned buildings and public halls across South Eastern and Eastern suburbs in Melbourne.

Victoria Police acknowledges that many young people are also attending safe parties.

However, Victoria Police has made a number of recommendations to ensure young people can safely attend local gatherings:

Talk to your children and be mindful of where they are;

Be vigilant around monitoring all of your child's social media accounts (consider there may be multiple accounts) and look online at any events your child wants to attend;

Investigate any party your child is attending, and be satisfied of where your child is and who they are with. If a party location is unknown one or two weeks prior to a party date, this may be of concern. Underage alcohol drinking and drug use is not recommended.

Students with any wellbeing concerns or issues they are encouraged to speak to our wellbeing officer. If you have any information that may assist police, phone Crime Stoppers on 1800 333 000. If you are concerned that your child has been the victim of a sexual assault and may require support, please contact Centre Against Sexual Assault on 1800 806 292.

Kind regards,

Anne Martin

Principal

Uniform Shop Opening hours

Uniform shop opening hours will be extended during term 4, dates and times are as follows:

22nd & 24th November: 12.00—3.00pm

29th November: 12.00—3.00pm

1st December: 12.00—6.00pm

5th & 6th December: 10.00—3.00pm

Important Dates

Monday 21st November

2017 Year 11 and 12 Transition period until 2/12/16

Monday 5th and 6th December

2017 Year 10 Transition period

Thursday 1st December

College Finance office open until 6pm

Wednesday 7th December

Second Hand Book Sale 9—12pm in the library

Wednesday 14th December

Year 12 Graduation Ceremony at 6pm



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A staff member of Hallam Senior College has had a reported case of Meningococcal in recent days. Please be aware of signs and symptoms to look for.

Invasive Meningococcal Disease

Fact sheet – updated September 2016

What is invasive meningococcal disease?

Invasive meningococcal disease is a rare but very serious illness that usually appears as meningitis or septicaemia. 'Meningitis' means an inflammation of the protective coverings of the brain and spinal cord. 'Septicaemia' means blood poisoning, which is a more widespread infection throughout the body. Meningococcal disease is caused by bacteria called 'meningococci'.

Where do meningococci come from?

Meningococci are common bacteria, and about 10 to 20 per cent of people 'carry' them at the back of the throat or nose without showing any illness or symptoms. In a small number of people, a particular strain of the bacteria gets through the lining of the throat, enters the bloodstream and causes invasive meningococcal disease. Carriers are more often young adults, and less often children and older people.

What are the symptoms?

Someone with invasive meningococcal disease may become very ill. Most cases may have only a few of these symptoms, and they hardly ever happen all at once. The symptoms of meningococcal disease include:

In infants and young children	In older children and adults
• Fever	• Fever
• Turning away from light	• Photophobia (dislike of bright lights)
• Irritability	• Headache
• Rash of red-purple pinprick spots or larger bruises	• Rash of red-purple pinprick spots or larger bruises
• Vomiting and/or diarrhoea	• Vomiting and/or diarrhoea
• Dislike of being handled	• Neck stiffness or aching
• Extreme tiredness or floppiness	• General malaise
• Disinterest in feeding	• Joint pains and sore muscles
• Drowsiness	• Drowsiness, confusion
• Convulsions or twitching	• Backache

Young children may not complain of symptoms, so fever, pale or blotchy complexion, vomiting, lethargy (blank staring, inactivity, hard to wake, or poor feeding) and rash are important signs. Signs and symptoms sometimes appear very quickly, and people with meningococcal disease can get much worse within a few hours. In meningococcal septicaemia, a rash is not always present but if it is it can appear anywhere on the body. If somebody close to you has some of these signs, and appears to you to be much sicker than usual, seek medical help immediately. Young adults should not be left alone if they are sick. Early diagnosis and treatment is vital.

How serious is invasive meningococcal disease?

Although meningococcal disease is uncommon, it is a very serious disease. The infection can develop very quickly, and can be fatal in five to ten per cent of cases. If infection is diagnosed early enough and the right antibiotics are given quickly, most people make a complete recovery. Approximately one quarter of people who recover experience after-effects. Some of the more common after-effects include headaches, deafness in one or both ears, tinnitus (ringing in the ears), blurring and double vision, aches and stiffness in the joints, and learning difficulties. Most of these problems get better with time.

What is a meningococcal 'carrier'?

Almost all adults and children can carry these germs without ill effects. Research shows that being a carrier usually protects people against dangerous meningococci. People become carriers without knowing they have caught the germ, and will get rid of it naturally, without treatment, after a few weeks or months.

Who catches meningococcal disease?

Meningococcal disease can occur at any age, but babies and children less than five years of age are most at risk. Teenagers and young adults aged 15 to 24 years are also at increased risk. For people who become sick, the average time between being infected and becoming ill is about three to five days, but can be up to ten days. Rarely small outbreaks may occur affecting more than one person, but usually each case is unrelated to any others.

How is invasive meningococcal disease spread?

The disease is difficult to spread. The germs cannot live for more than a few seconds outside a human body, therefore they cannot be picked up from inanimate objects, surfaces or water supplies. Only regular close prolonged and intimate contact spread the bacteria.

How is invasive meningococcal disease treated?

If a case of meningococcal meningitis or septicaemia is suspected, an antibiotic is given immediately by injection and the patient is admitted to hospital.

Can invasive meningococcal disease be prevented?

- A vaccine for serogroup C is given at 12 months of age as part of the National Immunisation Program. This vaccine effectively protects against meningococcal disease caused by serogroup C and provides long lasting immunity.
- A vaccine is available for several serogroups (A, W, Y) not often seen in Australia and are useful for travellers to places such as Africa and Asia, and pilgrims to the Haj.
- A vaccine for serogroup B disease became available in Australia in 2015, however it is currently only available on the private market.

More information

Better Health Channel: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/meningococcal-disease>

The Victorian Department of Health & Human Services: <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/meningococcal-disease>

To receive this publication in an accessible format phone 1300 651 160, using the National Relay Service 13 36 77 if required, or email CDI&R@dhhs.vic.gov.au

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Seeking Unwanted Dressmaking Patterns

Attention Sewers:

The Textiles department is seeking unwanted dressmaking patterns for adults or children. Casual, formal, vintage or more recent, for males or females. Our VCE course includes a focus on sustainability and reuse of patterns is a great way to start. We would be very grateful for any donations. These can be left at the front office marked for 'Textiles'. Please see some images below for ideas. Thank you!

