CHILD SAFEGUARDING
POLICY & PROCEDURES HANDBOOK

Approved by Board of Directors - April 28, 2020
Revised June 2024

HONESTY ● RESPECT ● RESPONSIBILITY ● KINDNESS

Child Safeguarding at ASD

The American School of Doha is committed to safeguarding and promoting the welfare of all students. We provide a safe and welcoming environment where children are respected and valued. Our intent is to build and maintain a proactive environment that protects children by preventing child maltreatment before it occurs or by ensuring its earliest possible detection, reporting, and intervention. As an educational institution we have a professional and ethical obligation to identify children who are in need of help and protection, and to take steps to ensure that the child and family avail themselves of the services needed to remedy any situation that constitutes child maltreatment.

ASD's Child Safeguarding Policy is based on international best practices and on the United Nations Convention on the Rights of the Child to which Qatar is a signatory as of April 1995. We wish to draw your attention to Article 19 which outlines that children have the basic human right to dignity, including the right to be protected from violence:

Article 19 - Protection from abuse and neglect

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

The purpose of this Handbook is to guide all ASD community members in the identification and timely response to concerns regarding any possible maltreatment of a child by outlining the following:

- Definitions of the different forms of child maltreatment, including the signs and symptoms;
- ASD's Child Safeguarding Policy, including the Statement of Acknowledgment of Safeguarding Code of Conduct;
- The process and procedures for all ASD school personnel in reporting and responding to any matters related to the health, safety, and care of students.

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Part 1 - Introduction

1. Definition of Terms

In this handbook the following definitions will apply:

1.1 ASD shall refer to the American School of Doha.

1.2 ASD school personnel shall refer to all members of the leadership team, faculty, support staff, substitute staff, volunteers, and contract personnel.

1.3 Child Protection refers to specific actions and measures taken to protect children from both intentional and unintentional harm. The term "child protection" applies to the protection of all children at ASD. Please note that this definition also includes harm to self (AISA).

1.4 Child Safeguarding is a broader concept that encompasses all activities aimed at promoting the welfare of children and protecting them from harm. It includes proactive and preventive measures to create safe environments for children.

1.5 Child Safeguarding Policy is a statement of intent that demonstrates a commitment to protecting students from harm (harm to self and harm from others) and makes clear to all what is required in relation to the protection of students. It serves to create a safe and positive environment for children and to demonstrate that the school takes its duty of care seriously.

1.6 Designated Safeguarding Lead (DSL) acts as the first point of contact for any child protection concern. DSLs are responsible for receiving, managing and documenting all child protection reports within their division or grade level assignment. All counselors at each division will act as Designated Safeguarding Leads.

1.7 Child Protection Officer (CPO) is a senior staff member appointed by the Director to take lead responsibility for all child protection and safeguarding issues at ASD. The CPO is responsible for ensuring that the school maintains best practices in all policies and procedures related to child protection, including compliance with associated external accreditation bodies. ASD's Child Protection Officer is the Director of Student Support Services.

1.8 Child Protection Team (CPT) - The purpose of this ad hoc team is to respond to and manage all child protection reports at the divisional level. The CPT may consist of the following individuals on an as-needed basis:

- Divisional Administrator
- Designated Safeguarding Lead (DSL)
- Head Nurse
- Educational Psychologist
- Child Protection Officer
- Director of Operations
- Director of Human Resources
- Director of ASD

1.9 Safeguarding Committee - The objective of this multi-disciplinary committee is to participate in the ongoing evaluation and development of all aspects of ASD's child safeguarding program. Members consist of counselor representatives from each division, as well as at least one divisional administrator (i.e., principal/associate principal). Additional committee members include ASD's Head Nurse, Educational Psychologist, Director of Human Resources, Director of Safety & Security, and the Child Protection Officer. The Safeguarding Committee will meet monthly to review practices and will make any necessary revisions to the Child Safeguarding Policy & Procedures Handbook on an annual basis.

2. Definition and Recognition of Child Maltreatment

2.1 Child Maltreatment - is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence, and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment (WHO).

All school personnel should be familiar with signs and behaviors that may be indicative of child maltreatment. Child maltreatment can be categorized into four different types: physical abuse; emotional abuse; neglect; and sexual abuse (as defined by AISA below). A child may be subject to one or more forms of maltreatment at any given time.

2.2 Physical Abuse - may involve hitting, punching, shaking, throwing, poisoning, biting, burning, scalding, drowning, suffocating or otherwise causing intentional physical harm to a child. (These symptoms could also indicate harm to self, such as, cutting and suicide ideation).

Signs of physical abuse may include:

- bruises, burns, sprains, dislocations, bites, cuts;
- improbable excuses given to explain injuries;
- injuries which have not received medical attention;
- injuries that occur to the body in places that are not normally exposed to falls, rough games, etc;
- repeated urinary infections or unexplained stomach pains;
- refusal to discuss injuries;
- withdrawal from physical contact;
- arms and legs kept covered in hot weather;

- fear of returning home or of parents being contacted;
- showing wariness or distrust of adults;
- self-destructive tendencies;
- being aggressive towards others, or being very passive and compliant;
- chronic running away

2.3 Emotional Abuse - the persistent emotional ill-treatment of a child so as to cause severe and adverse effects on a child's emotional development. It may involve: conveying to children that they are worthless or unloved; that they are inadequate or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; causing children frequently to feel frightened; or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may also occur alone.

Signs of emotional abuse may include:

- physical, mental and emotional development is delayed;
- highly anxious;
- showing delayed speech or sudden speech disorder;
- fear of new situations;
- low self-esteem;
- inappropriate emotional responses to painful situations;
- extremes of passivity or aggression;
- drug or alcohol abuse;
- chronic running away;
- compulsive stealing;
- obsessions or phobias;
- sudden under-achievement or lack of concentration;
- attention-seeking behavior;
- persistent tiredness;
- lying

2.4 Sexual Abuse - involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (i.e. rape) or non-penetrative acts. They may include non-contact activities, such as involving children in the production or viewing of pornographic material or encouraging children to behave in sexually inappropriate ways. Children involved in commercial sex work are victims of sexual abuse, whether they perceive themselves as victims or not.

Signs of sexual abuse may include:

- pain or irritation to the genital area;
- vaginal or penile discharge;
- difficulty with urination;
- infection, bleeding;
- STDs;
- fear of people or places;
- aggression;
- regressive behaviors, bed wetting or stranger anxiety;
- excessive masturbation;
- stomach pains or discomfort walking or sitting;
- being unusually quiet and withdrawn or unusually aggressive;
- suffering from what seem physical ailments that can't be explained medically;
- showing fear or distrust of a particular adult;
- mentioning receiving special attention from an adult or a new "secret" friendship with an adult or young person;
- refusal to continue with school or usual social activities;
- sexually provocative; age inappropriate sexualized behavior or language.

2.5 Neglect - the persistent failure to meet a child's basic physical or physiological needs, likely to result in serious impairment of the child's health or development.

Signs of neglect may include:

- medical needs unattended;
- lack of supervision;
- consistent hunger;
- inappropriate dress;
- poor hygiene;
- inadequate nutrition;
- fatigue or listlessness;
- self-destructive;
- extreme loneliness;
- extreme need for affection;
- failure to grow;
- poor personal hygiene;
- frequent lateness or non-attendance at school;
- low self-esteem;
- poor social relationships;
- compulsive stealing;
- drug or alcohol abuse

Part 2 - Child Safeguarding Policy

3. Policy Overview

3.1 Policy Formulation - This policy was originally formulated in 2015 by a team of teachers, administrators and parents from ASD. The policy and related procedures were developed based upon recommendations from the AISA Child Protection Handbook, which is rooted in international best practices and accreditation standards. This policy, however, is rooted very much in the context of Qatar and subject to Qatari law, customs and support systems.

3.2 Board of Directors Approval - The Child Protection Policy & Procedure Handbook was initially approved by the ASD Board of Directors in September 2016. Revisions were made by the Child Protection Committee in accordance with the recommendations and requirements of accreditation Standards for Child Protection (ITFCP) and approved by the Board of Directors in April 2020.

3.3 Policy Review - On an annual basis the Child Protection Committee will review the policy and procedure to ascertain its effectiveness and if necessary recommend amendment or development of policy, based on changing Qatari legislative environment or related advances to child safeguarding practices, to the Board of Directors for approval.

3.4 Governance Process

3.4.a Board ratification of ASD school policy on child protection.

3.4.b Board ratification of Statement of Acknowledgement of Safeguarding Code of Conduct that guides interaction between adults and children across divisions and departments.

3.5 Policy Aim

3.5.a To support the development of the whole child as an individual by promoting the safety and welfare of all ASD students.

3.5.b To define procedures and establish clear guidelines for all ASD school personnel in reporting and responding to any matters related to the health, safety, and care of students.

3.6 Policy Scope - This policy applies to all ASD personnel.

4. ASD Child Safeguarding Policy Statement

Child abuse and neglect are violations of a child's human rights and are obstacles not only to a child's education as well as to their physical, emotional, and spiritual development. The American School of Doha endorses the United Nations Convention on the Rights of the Child (1989), of which our host country, Qatar, is a signatory and seeks to be a safe haven for students who may be experiencing abuse or neglect in any aspect of their lives. The protection of children is an important part of the American School of Doha's role as an educational institution and is the responsibility of all adults working for and/or providing services for ASD. ASD is committed to providing a safe and secure environment both on campus and at school-sponsored activities off-campus for all students.

For the purposes of this policy, the definition of "employee" includes all ASD employees who work directly or work indirectly with students, all externally hired and internally hired coaches, volunteers, substitutes and all outsourced employees. All employees working at the American School of Doha are mandated to report suspected incidences of child maltreatment (as defined in ASD's Child Safeguarding Handbook) whenever the employee has reasonable cause to believe that a child has suffered, or is at risk of suffering abuse or neglect. Reporting and follow up of all suspected incidences of child maltreatment will proceed in accordance with the procedures outlined in ASD's Child Safeguarding Handbook. In the case of an employee reported as an alleged offender, ASD will conduct a full investigation following the guidelines outlined in the *Managing Allegations Against Faculty/Staff* (Section 14), keeping the safety of the child as the highest priority.

To ensure the safety of students, the School will make every effort to practice safe recruitment and hiring practices for all employees (See *Policy 5.202 Pre-Employment Requirements*). All employees of the school are required to sign and abide by the guidelines outlined in the Statement of Acknowledgement of Safeguarding Code of Conduct, and participate in annual child safeguarding training.

ASD strives to ensure understanding of child safeguarding issues by all members of the community. As such, the School will distribute this policy annually to all community members including students, parents and employees. The School will review the Child Safeguarding Policy and Child Safeguarding Handbook annually for compliance and effectiveness to maintain best practice.

Part 3 - Child Protection Procedures

5. Reporting Procedure

5.1 Mandated Reporting: In situations where ASD personnel suspect that a child may have been or is being maltreated, or is at risk of maltreatment, they are mandated to report such concerns immediately as outlined below.

5.2 What to Report: If any ASD school personnel has "reasonable cause" or "reasonable suspicion" that there is an indication of harm or threat of harm to a student, they are obligated to report the concern to their divisional Designated Lead by submitting a MyConcern report.

5.3 When to Report: All ASD school personnel have a duty to report, without undue delay, any suspected child protection concern or disclosure.

5.4 To Whom Should You Report: Any and all child protection concerns should be reported to the divisional Designated Lead (using MyConcern reporting system), who will follow the procedures outlined in the Flowchart for Responding to Child Protection Reports (Appendix A).

5.5 Whistleblowing: All school personnel should be aware of their duty to report concerns regarding any possible risk to the health and safety of students, which may include actions/inactions of school personnel. The welfare of our students is paramount; therefore, rather than overlooking a potential problem, school personnel are expected to act judiciously by voicing any concerns to the Designated Lead by submitting a MyConcern report. All reports made in good faith will be handled in accordance with *ASD's Whistleblower Policy* (5.308).

6. Response Procedure

6.1 Following receipt of a child protection report, the Designated Lead will follow the procedures outlined below and in the Flowchart for Responding to Child Protection Reports (Appendix A):

- **Reasonable Cause:** The Designated Lead will share the report with the Principal and assess if there is reasonable cause to proceed.
- **Child Protection Team:** If reasonable cause is found, the Designated Lead will convene the Child Protection Team (CPT) to include at least three individuals. CPT members should include the Designated Lead, Principal, and Child Protection Officer; the following individuals will be included on an as-needed basis: Head Nurse; Educational Psychologist; Director of Operations. In any child protection report potentially involving ASD personnel, the Director and/or Director of Human Resources will become active members of the CPT. If a report involves the Director, a member of the Board of Directors will replace the Director on the CPT.
- **Information Gathering**: The CPT will meet to gather information to assess the safety and wellbeing of the student(s) involved. Information gathering steps may include, but are not limited to, one or more of the following:
  - Meeting with student(s) involved in report;
  - Physical injuries reviewed & documented by nurse (see Intimate Care Policy);
  - Meeting with others pertinent to the case;
  - Parent meeting.
- **Support Plan:** The CPT will develop a support plan to ensure student safety. The support plan should include the method of communicating with parent/caregiver, as well as immediate care and after-care. The support plan may consist of, but is not limited to, the following:
  - Family meeting and on-going family support from school;
  - Referral for external counseling support;
  - Referral for medical evaluation;
  - Informing external agencies - In some cases, it may be necessary to consult with or report to outside agencies. Before reporting any case of child maltreatment to authorities or employers, the Director will notify the President of the Board of Directors. Cases of child maltreatment may be reported to the appropriate employment sponsor, to respective embassies, to the appropriate child protection agency in the home country, or to local authorities.
- **Documentation**: At all times, every aspect of the CPT's response to the report (including verbal conversations and all resulting actions) must be documented in MyConcern. The Designated Lead is responsible for ensuring appropriate documentation regarding MyConcern reports within PowerSchool (see *ASD's PowerSchool Alert Guidelines*). Documentation within MyConcern will be maintained by the Child Protection Officer throughout the student's enrollment at ASD. Upon the student's withdrawal, the documentation will be archived in MyConcern.

6.2 US Military/US Department of State: If the student's parents are under the U.S. Embassy's Chief of Mission or members of the US military, the school is required to inform that organization directly. The Child Protection Officer and/or Director of Operations will contact the organization after consultation with the Director.

6.3 Allegations against ASD Employees: In cases where a child protection report involves ASD personnel, the Director of Human Resources and the Director will become active members of the Child Protection Team. If the allegation involves the Director, a member of the Board of Directors will replace the Director on the Child Protection Team. (Refer to *Section 14: Managing and Investigating*

Part 3 - Child Protection Procedures

Allegations of Child Abuse Against Staff and Volunteers; HR Procedures).

6.4 Family Support Resources: These processes and procedures are founded upon ASD's professional and ethical obligation to identify children who are in need of help and protection and to take steps to ensure that the child and family avail themselves of services needed to remedy any situation that constitutes child maltreatment.

ASD maintains a list of local resources which may be of help to anyone impacted by child maltreatment. These resources are available from the Head Nurse, Designated Leads, Educational Psychologist, and Director of Student Support Services. Additional local resources can be found in Appendix D.

Part 4 - Related Policies and Procedures

7. Education and Training

7.1 All new ASD employees are required to complete online child protection training (ICMEC: Intro to Safeguarding) as part of the school induction process, and are renewed by all employees every two years. Training completion certificates are kept in each employee's file with Human Resources.

7.2 All ASD faculty and staff will receive annual training on child abuse recognition, intervention, and reporting. Administrators will facilitate the training by the Child Protection Officer and Designated Leads to all ASD faculty and staff during teacher pre-service professional learning days.

7.3 ASD recognizes the vital role that personal safety plays in educating and empowering students on their right to safety and well-being. The ASD counseling team is committed to prioritizing and strengthening school-wide best practices in the delivery of a comprehensive personal safety program that is aligned with the International School Counselor Association (ISCA) standards.

7. Beyond the ASD Campus

8.1 ASD sends students on organized trips in Qatar and overseas destinations each year. For all international trips we partner with the US embassy in Qatar and in the host country to ensure that students are safe while traveling. In addition, designated numbers of faculty chaperones per student are allocated to ensure that students are supervised at all stages of the trip. All faculty chaperones are First Aid and CPR trained.

8.2 ASD works with recognized partners including other international schools and reputable organizations that arrange educational and service trips. Partners are expected to provide detailed risk assessments which are reviewed by ASD's Athletics & Activities Department to ensure the partner's facilities, activities, and staff are well prepared to keep our students safe.

8.3 All large group trips (such as MESAC tournaments and Week Without Walls) have a designated Administrator In Charge (AIC) traveling with the group.

The AIC is responsible for ensuring safety procedures are followed, dealing with visa/passport issues and assisting any children who are injured or sick during the trip. They also interact with local partners or host school administration and the ASD administration in the event of a crisis to ensure the safety of our students on the trip.

8.4 All trips are provided with an emergency phone tree in case of any incidents whilst away with students.

9. Other Relevant Policies

9.1 Statement of Acknowledgment of Safeguarding Code of Conduct - All school employees are required to abide by the procedures outlined in the ASD's Statement of Acknowledgement of Safeguarding Code of Conduct (Appendix C). A signed copy of the Statement of Acknowledgement of Safeguarding Code of Conduct is kept in each employee's file with Human Resources.

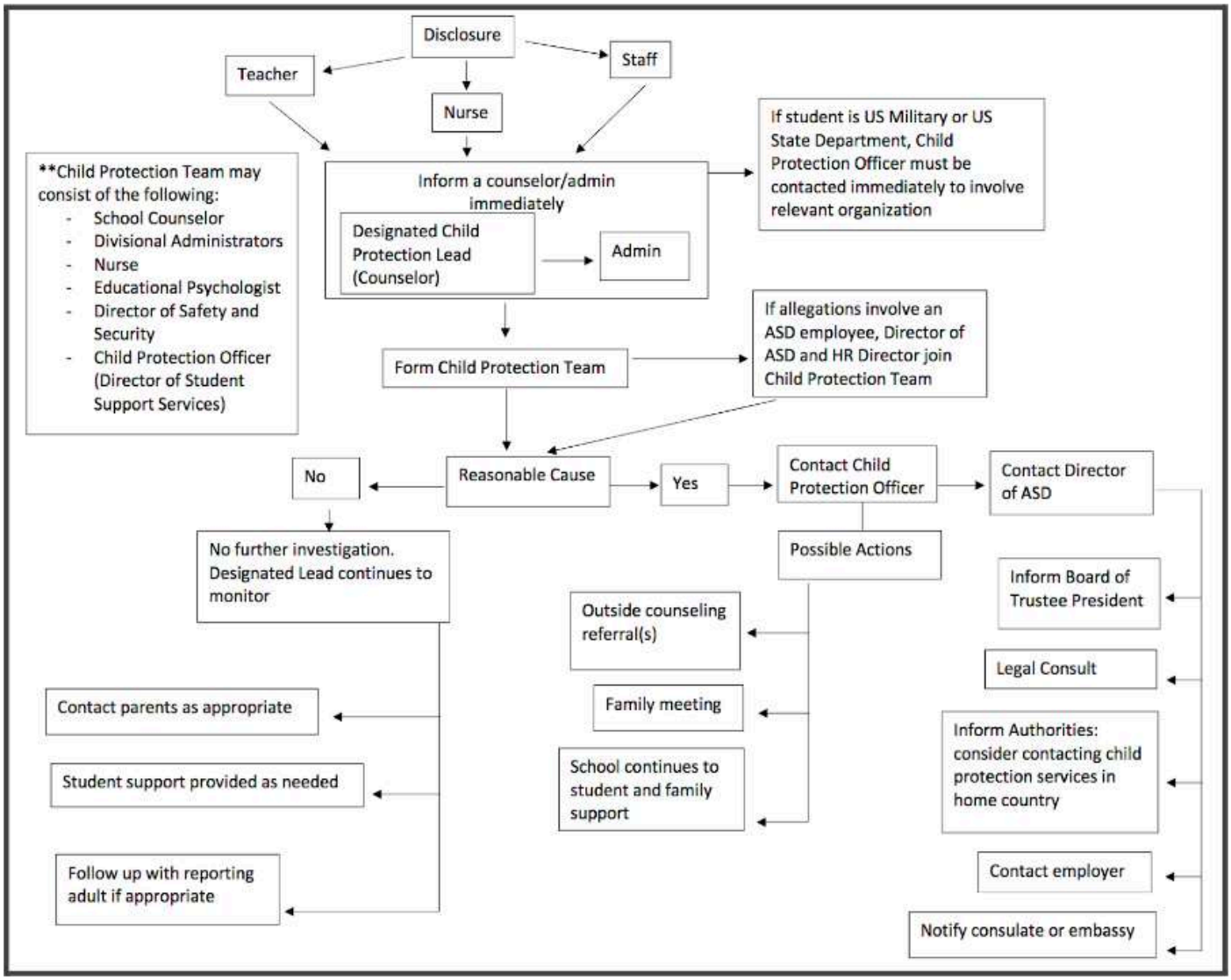
9.2 Intimate Care Policy - Intimate care is provided when needed to assist a student with urgent health or medical needs. ASD's Intimate Care Policy (Appendix D) provides clear guidelines for any ASD school faculty/staff that may be involved in the intimate care of a student.

Part 5 - Appendices

Appendix A

Flowchart for Responding to Child Protection Reports

All school personnel are mandated to report any child protection concerns to their divisional Designated Lead by submitting a MyConcern report without undue delay (see Reporting Procedure).



Part 5 - Appendices

Appendix B

Statement of Acknowledgement of Safeguarding Code of Conduct

I promise to strictly follow the rules and guidelines in this Code of Conduct as a condition of my interactions with students participating in academic programs and extracurricular activities at the American School of Doha. I promise to maintain professional roles and boundaries in order to act in the students' and school's best interest.

I WILL

- I will respect and comply with Qatari laws and American School of Doha policies.
- I will serve as a role model through my behavior and will take responsibility for maintaining appropriate professional boundaries with students at all times.
- I will treat all students professionally and equitably, and will refrain from discrimination based on personal characteristics.
- I will provide a safe learning environment, including a safe virtual learning environment by following ASD's TVS Safeguarding Guidelines.
- I will engage in digital communication with students in a professional and appropriate manner and abide by ASD's Virtual Learning Guidelines.
- I will abide by ASD's Changing Room Guidelines. When it is necessary for supervision, announce my intention of entering student-only bathrooms and locker-rooms.
- I will avoid unnecessary physical contact with students. Where physical contact is necessary for learning or safety purposes, I will seek permission from the student first, and abide by the guidelines outlined in ASD's Intimate Care Policy.
- I will be respectful of a student's personal space, and be aware of gender, cultural and/or religious differences that may need to be considered prior to initiating physical contact.
- I will avoid being alone with students where I cannot be seen and heard. When necessary, I will conduct one-to-one student meetings in a public area where the interaction can be observed and/or in a room with the door left open. (Exceptions requiring privacy must be cleared by the appropriate administrator with details of the meeting shared.)
- I will treat information I receive about current and former students and families in a discreet and confidential manner.
- I will follow mandatory reporting procedures as outlined in the ASD Safeguarding Handbook, and will comply fully in any investigation of abuse.
- I will report conduct of others, which may be perceived to be or is in actual breach of this Code, to appropriate administrators immediately.

I WILL NOT

- I will not behave in any manner which would lead a reasonable person to question my suitability to work with students.
- I will not use, or be under the influence of, alcohol or drugs when I am responsible for and/or working with students.
- I will not offer tobacco products, drugs, pornography, or alcohol to students.
- I will not use physical punishment with students.
- I will not use sexually inappropriate, provocative, offensive, or incendiary language or behavior with or in the presence of students.
- I will not use my authority or position to form or promote relationships with students which are outside of my professional role, nor will I act in ways that may be reasonably interpreted as favoritism.
- I will not accept expensive gifts without the knowledge of divisional leaders.
- I will not give private gifts to students without the knowledge of their parents and divisional leaders.
- I will not engage in private communications outside of my professional role with students, and will not add, follow, or interact with students on personal social media accounts until after they graduate from high school.
- I will not take/keep photos of students on my personal electronic devices (unless it is for professional use with a school device).
- I will not provide transport in my car to a student alone without parental or administrative permission (except in the case of an emergency).
- I will not discuss my own personal relationships or sexual matters with, or in the presence of, students, nor will I ask them about theirs, other than within agreed curriculum content or as part of my recognized professional role.
- I will not engage in any form of sexual behavior, contact, or relations with a student.

I understand that as a person working with and/or providing services to children and youth under the auspices of the American School of Doha, I am subject to a criminal history background check. My signature confirms that I have read this Code of Conduct and that as a person working with children and youth I agree to follow these standards. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in disciplinary action up to and including removal from ASD.

Name: _____ **Date:**_____ **Signature:**_____

Part 5 - Appendices

Appendix C

Intimate Care Policy

Version: Draft 1
Reviewed: October 2019
Approved: April 2020

Introduction
This policy has been developed to safeguard students and school faculty/staff in conjunction with the American School of Doha's Child Safeguarding Policy & Procedures Handbook. This policy applies to all school faculty/staff involved in the intimate care of students at ASD.

Purpose
To provide clear guidelines for any ASD school faculty/staff that may be involved in the intimate care of a student. Intimate care is provided when needed to assist a student with urgent health or medical needs. Attending to intimate personal care needs is generally conducted without adult supervision or assistance. However, there may be situations in which a student may require adult supervision or support. Intimate care should be provided in a manner that is respectful and maintains the independence and dignity of the student.

Definition
Intimate care is defined as any activity that may be required to assist a student in meeting their personal hygiene needs. It may involve tasks of an intimate nature such as direct or indirect physical contact with, or exposure of, a student's genital area. Examples could include the following:

- Dressing/undressing - supporting a student with dressing/undressing.
- Toileting - aiding a student who has soiled themselves, has vomited, or is ill.
- Menstrual care - providing information and/or products to students so that they may attend to their own needs.
- Supervision of PK and KG students involved in intimate self-care.
- Providing first aid as needed.

Students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. The expectation is that school faculty/staff will work within a culture of 'limited touch' and that when physical contact is made with students, it is in response to the student's needs at the time.

Responsibilities of School Faculty/Staff Involved with Intimate Care
Responsibilities include:

- Gaining a verbal agreement from another faculty/staff member that action being taken is necessary.
- Allow the student, whenever possible, to give verbal consent to the person assisting them.
- If school faculty/staff are providing intimate care two staff members will be in the vicinity at all times (i.e., the second faculty/staff member might be in the classroom and the adjoining bathroom door is kept open).
- Allow the student to have a choice in the sequence of care.
- Always be aware of and responsive to the student's reactions.

Volunteers, parents, or any other persons present in the school who are not ASD faculty/staff are strictly prohibited from participating in intimate care with a student that is not their own child.

Toileting
It is an expectation that all ASD students are fully toilet trained and able to go to the toilet independently. ASD faculty/staff will work together in partnership with parents to support our youngest students towards independent use of the toilet. When tending to a student who has had a toileting accident during the school day, school faculty/staff are expected to respond professionally and sensitively. If accidents occur, the student will change themselves with as much autonomy as possible into the dry clothing (provided by parents/caregivers at the beginning of the school year). Soiled items will be sent home for laundering. A record of the incident will be kept in school and the parent will be informed before the student returns home, if possible. If parents cannot be reached during the school day, a note should be sent home with the student.

If bathroom accidents become a regular occurrence, a student care plan will be implemented after communication between the school and parent/guardian (or other caregiver as assigned by the parent such as a nanny).

Part 5 - Appendices

Intimate care will only be provided to older students in extreme circumstances where failure to act would result in negligence. It is anticipated that older students will be able to independently manage any such circumstances with adult guidance and assistance.

Hygiene

ASD school faculty/staff must be familiar with normal precautions for avoiding infection. Strict hand hygiene procedures should be used and staff should have access to protective disposable gloves.

Monitoring & Evaluation

All ASD policies related to child protection will be reviewed annually by the Child Safeguarding Committee.

Part 5 - Appendices

Appendix D

Local Resources

ASD maintains a list of local resources which may be of help to anyone impacted by child maltreatment. These resources are available from the Head Nurse, Designated Leads, Educational Psychologist, and Director of Student Support Services. Additional local resources include the following:

Sidra Child Advocacy Program (S-CAP)
Contact Info: 24/7 on call services (+974) 4003 7227 for advice and referrals.
Child Helpline: (+974) 4003 4000 for the general public who can call during working hours or leave a message out of hours, if they know or suspect a child is being abused.
Email: scap@sidra.org
Website

AMAN: Protection and Social Rehabilitation Center
Contact Info: (+974) 4409 0999
Hotline: 919
Website

Appendix E

References

AISA Child Protection Handbook: For Teachers, Administrators & Board Members, Association of International Schools in Africa (AISA), 2018.
Child Maltreatment Factsheet, World Health Organization, 2017.
Child Protection Standards, New England Association of Schools & Colleges (NEASC), 2015.
Convention on the Rights of the Child (CRC), United Nations Human Rights, Office of the High Commission, 1990.
New Standards for Child Protection Adopted by School Evaluation Agencies, International Task Force on Child Protection (ITFCP), 2015.

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