

Child Protection Policy & Procedures Handbook

American School of Doha



**Approved by Board of Directors
April 28, 2020**

Child Protection 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 Protection 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:

- I. Definitions of the different forms of child maltreatment, including the signs and symptoms;
- II. ASD's Child Protection Policy, including the Statement of Acknowledgment of Code of Conduct;
- III. 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 is a broad term used to describe philosophies, policies, standards, guidelines and procedures 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 Protection 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.

1.5 Designated Child Protection Lead (DL) acts as the first point of contact for any child protection concern. DLs 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 Leads.

1.6 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.

1.7 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 Child Protection Lead (DL)
- Head Nurse
- Educational Psychologist
- Child Protection Officer
- Director of Safety & Security
- Director of Human Resources
- Director of ASD

1.8 Child Protection Committee - The objective of this multi-disciplinary committee is to participate in the ongoing evaluation and development of all aspects of ASD's child protection 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 Child Protection Committee will meet monthly to review practices and will make any necessary revisions to the Child Protection 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 behaviours that may be indicative of child maltreatment. Child maltreatment can be categorised 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:

- a. bruises, burns, sprains, dislocations, bites, cuts;
- b. improbable excuses given to explain injuries;
- c. injuries which have not received medical attention;
- d. injuries that occur to the body in places that are not normally exposed to falls, rough games, etc;
- e. repeated urinary infections or unexplained stomach pains;
- f. refusal to discuss injuries;
- g. withdrawal from physical contact;
- h. arms and legs kept covered in hot weather;
- i. fear of returning home or of parents being contacted;
- j. showing wariness or distrust of adults
- k. self-destructive tendencies;
- l. being aggressive towards others, or being very passive and compliant;
- m. 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:

- a. physical, mental and emotional development is delayed;
- b. highly anxious;
- c. showing delayed speech or sudden speech disorder;
- d. fear of new situations;
- e. low self-esteem;
- f. inappropriate emotional responses to painful situations;
- g. extremes of passivity or aggression;
- h. drug or alcohol abuse;
- i. chronic running away;
- j. compulsive stealing;
- k. obsessions or phobias;
- l. sudden under-achievement or lack of concentration;
- m. attention-seeking behavior;
- n. persistent tiredness;
- o. 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:

- a. pain or irritation to the genital area;
- b. vaginal or penile discharge;
- c. difficulty with urination;
- d. infection, bleeding;
- e. STDs;
- f. fear of people or places;
- g. aggression;
- h. regressive behaviors, bed wetting or stranger anxiety;
- i. excessive masturbation;
- j. stomach pains or discomfort walking or sitting;
- k. being unusually quiet and withdrawn or unusually aggressive;
- l. suffering from what seem physical ailments that can't be explained medically;
- m. showing fear or distrust of a particular adult;
- n. mentioning receiving special attention from an adult or a new "secret" friendship with an adult or young person;
- o. refusal to continue with school or usual social activities;
- p. 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:

- a. medical needs unattended;
- b. lack of supervision;

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- c. consistent hunger;
- d. inappropriate dress;
- e. poor hygiene;
- f. inadequate nutrition;
- g. fatigue or listlessness;
- h. self-destructive;
- i. extreme loneliness;
- j. extreme need for affection;
- k. failure to grow;
- l. poor personal hygiene;
- m. frequent lateness or non-attendance at school;
- n. low self-esteem;
- o. poor social relationships;
- p. compulsive stealing;
- q. drug or alcohol abuse.

PART 2 – CHILD PROTECTION 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 protection 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 Code of Conduct that guides interaction between adults and children across divisions and departments.

3.5 Policy Aim

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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 Protection Policy Statement

4.1 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. All school personnel are responsible for the care, safety and protection of children. This responsibility extends to the identification and timely response to concerns regarding the possible maltreatment (physical, emotional, sexual abuse or neglect) of a child.

4.2 All school personnel are mandated to report any child protection concerns to their divisional Designated Lead without undue delay.

4.3 In addition to positive work references, employment at ASD is contingent upon provision of a satisfactory criminal history check. All new faculty will be required to undertake a background check before commencing employment. All employees of the school are required to abide by the procedures outlined in the ASD's Statement of Acknowledgement of Code of Conduct ([Appendix C](#)).

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.

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, who will follow the procedures outlined in the Flowchart for Responding to Child Protection Reports ([Appendix B](#)).

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. 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 B](#)):

- a. **Reasonable Cause:** The Designated Lead will share the report with the Principal and assess if there is reasonable cause to proceed.
- b. **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 Safety & Security. 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.
- c. **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:
 - i. Meeting with student(s) involved in report;
 - ii. Physical injuries reviewed & documented by nurse (see [Intimate Care Policy](#));
 - iii. Meeting with others pertinent to the case;
 - iv. Parent meeting.
- d. **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:
 - i. Family meeting and on-going family support from school;
 - ii. Referral for external counseling support;
 - iii. Referral for medical evaluation;
 - iv. 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.
- e. **Documentation:** At all times, every aspect of the CPT's response to the report (including verbal conversations and all resulting actions) must be documented on the Child Protection Team Reporting Form ([Appendix A](#)). Documentation will be maintained by the Child Protection Officer in confidential files stored in a secure location throughout the student's enrollment at ASD. Upon the student's withdrawal, the documentation will be kept until the student has reached the age of maturity. The Designated Child Protection Lead will share the Child Protection Report with the Child Protection Officer, and log it electronically and securely on the school's student information database.

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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 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 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 E](#).

PART 4 - RELATED POLICIES AND PROCEDURES

7. Education and Training

7.1 All new ASD employees are required to complete online child protection training (EduCare) as part of the school induction process, and 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 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.

8. Beyond the ASD Campus

8.1 ASD sends students on organised 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 Code of Conduct - All school employees are required to abide by the procedures outlined in the ASD's Statement of Acknowledgement of Code of Conduct ([Appendix C](#)). A signed copy of the Statement of Acknowledgement of 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

Child Protection Team Reporting Form



ASD Mission

The American School of Doha is committed to the intellectual and personal development of our students, inspiring and empowering them to become positive, active global citizens

Child Protection Team Reporting Form

| | | |
|---------------|----------------|---------------------------------|
| Student Name: | Student Grade: | Date of Birth: Age in Years: |
|---------------|----------------|---------------------------------|

| | | | |
|----------------|--------------------|--------------------------|--|
| Reporter Name: | Reporter Position: | Date/Time of Disclosure: | Reporting concerns of others (Y/N) If yes, include name and position: |
|----------------|--------------------|--------------------------|--|

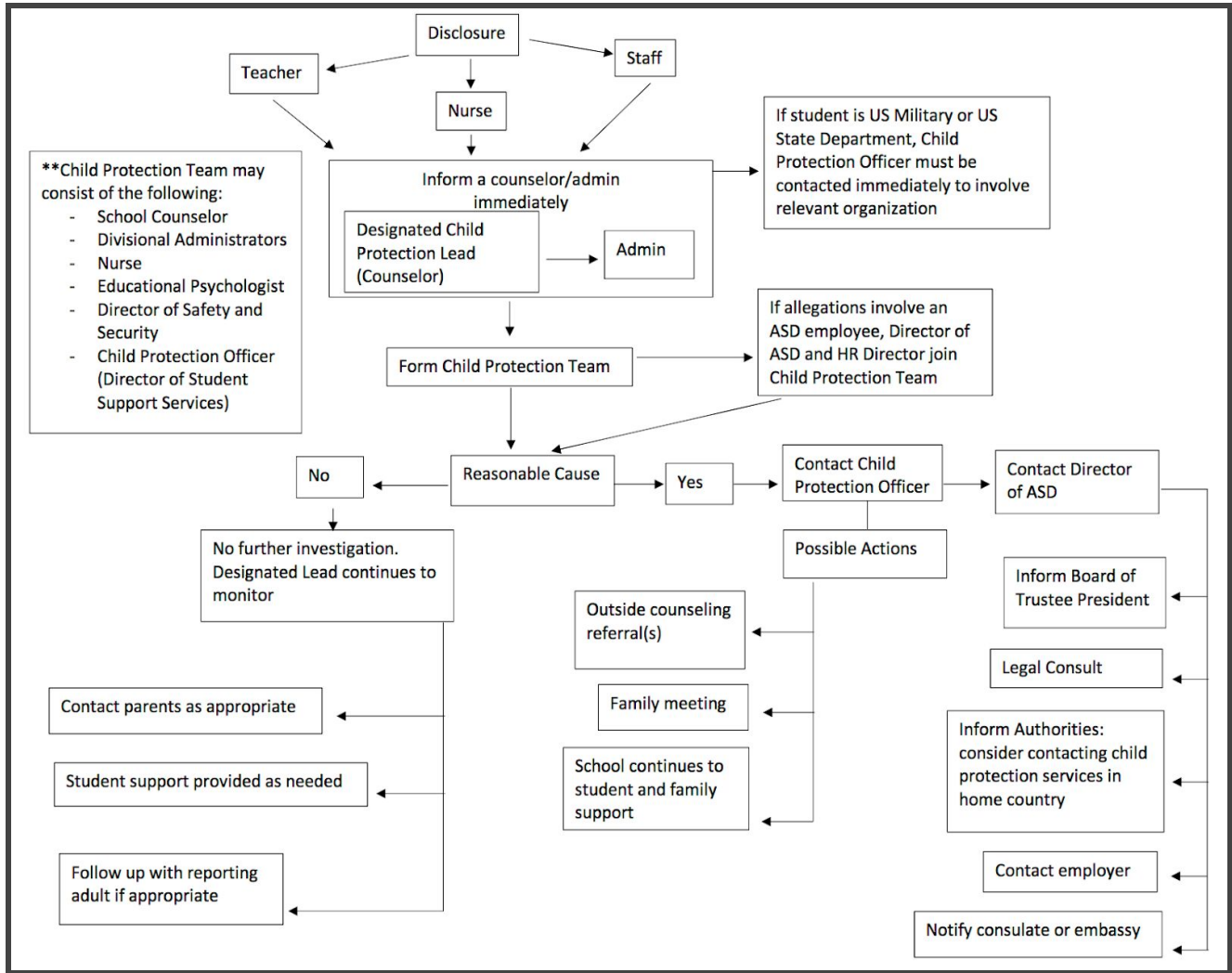
| |
|---|
| Report: |
| Any other relevant information: |
| The student's perspective (if applicable): |
| Sibling(s) in the school (Y/N) Contact made with Divisional Designated Lead (Y/N): |
| Next Steps/Follow up: |

| Date: | Action(s) Taken: | Signature: |
|-------|---|------------|
| | Report completed | |
| | Report received by Divisional Administrator | |
| | Report received by Child Protection Officer | |
| | Report received by Director (if applicable) | |
| | Report received by Head Nurse (if applicable) | |
| | Report logged in student information system | |
| | Other: | |

Appendix B

Flowchart for Responding to Child Protection Reports

All school personnel are mandated to report any child protection concerns to their divisional Designated Lead without undue delay (see [Reporting Procedure](#)).



Appendix C

Statement of Acknowledgement of 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, children, and youth 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 student's and schools best interest.

I will:

- Respect and comply with all Qatari laws and American School of Doha policies.
- Act as a responsible citizen in my own actions and treat children/youth with respect in order to help students reach their full potential and develop their self-worth.
- Empower both the personal and intellectual development of each child by keeping their dignity intact through the use of positive reinforcement rather than criticism or comparison to others.
- Use appropriate language and interact in a professional manner.
- Demonstrate appropriate measures of compassion when students are in times of need.
- Demonstrate honesty and integrity in all situations.
- Respect the differences in others regardless of race, ancestry, place of origin, color, ethnic origin, citizenship, religion, gender, sexual orientation, age, or disability.
- Leave the door open when alone with a student(s) at school activities or notify another adult of my planned interaction with a student.
- Maintain appropriate physical boundaries at all times. When touch is necessary it will be appropriate, public, and non-sexual in nature.
- Comply with the mandatory reporting regulations as outlined using the American School of Doha Code of Conduct policy.
- Cooperate fully in any investigation of abuse of children and/or youth.
- Engage in digital communication in a professional and appropriate manner and involve a third party via cc: when necessary.
- Remain in my professional roles at all times in my interactions with students.
- Be alert to the impact of my actions, not just my intentions.
- Communicate concerns about possible conduct to appropriate administrators.

I will not:

- Engage in bullying behaviors.
- Touch or speak to a child and/or youth in any sexual or inappropriate manner.
- Inflict harm on a child physically or emotionally including hitting, shaking, slapping, humiliating, ridiculing, or threatening.
- Offer tobacco products (including shisha, cigarettes), drugs, pornography, or alcohol to any child and/or youth.
- Engage in personal or private communication, with students, using electronics including texting, email, Facebook, Twitter or other similar forms of electronic or social media.
- Commit vandalism to school property or to property located on the premises of the school.
- Commit robbery or engage in theft related activities.
- Traffic weapons or illegal drugs.
- Possess any weapon in Qatar, including firearms.
- Use any object to threaten or intimidate another person.
- Cross over into a 'parenting role' (displaying rescuing behaviors) or peer role (acting more like a friend and less like an adult/professional).
- Build connections with students that are one of dependency.

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:** _____

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Intimate Care Policy

American School of Doha

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 Protection 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).

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 Protection Committee.

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](#)

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.