



**ASPIRE**

**ACHIEVE**

**ADVANCE**

## **Safeguarding and Child Protection Policy**

### **Designated Safeguarding Lead: Ms Zainab**

**Safeguarding** is the preventative measures to promote the welfare of children, it has a broader meaning than child protection. It encompasses protecting children from maltreatment, preventing impairment of children's health or development, and ensuring children grow up in safe circumstances.

**Child protection** is the reactive part of this definition and refers to activities undertaken to prevent children suffering, or likely to suffer, significant harm.

#### **Safeguarding children**

The safeguarding of children is everyone's business and schools have a responsibility under Section 175 of the Education Act 2002 to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children. Safeguarding incidents could happen anywhere and staff should be alert to possible concerns being raised in school.

This includes:

- Preventing the impairment of children's mental and physical health or development
- Protecting children from maltreatment
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care.

**The Children Act 1989, 2004** defines a child as being up to the age of 18 years.

#### **Purpose and Aims**

International British School (IBS) whole-school safeguarding policy aims to provide clear direction to all adults and others about expected codes of behaviour in dealing with child protection issues. The policy also aims to make explicit the school's commitment to the development of good practice and sound procedures. It aims to address child protection concerns and provide a framework for dealing with these concerns in a sensitive, professional manner and ensure that each and every child is supported and their needs met.

The purpose of this document is to assist all staff to protect and safeguard children who are at risk of abuse or neglect. This policy reflects the requirements of Working Together to Safeguard Children (July 2018) and Keeping Children Safe in Education (2021)



The policy aims to ensure that:

- To provide a caring, positive, safe, and stimulating environment that encompasses the social, physical, and moral development of the individual student.
- To provide an environment in which children feel safe, secure, valued, and respected and where they feel confident and know how to approach responsible adults if they are in difficulties.
- To ensure that all staff are trained and aware of their safeguarding responsibilities, including what to do if children disclose abuse and how to recognise different forms of abuse.
- To ensure policies related to the safeguarding of the students are implemented and evaluated regularly.
- To establish clear boundaries between staff and students.
- To implement clear reporting lines for both staff and students.
- To ensure staff are aware of their duty to raise concerns about the attitude and actions of colleagues, if necessary.

**Due to its importance the school's safeguarding policy is reviewed on an annual basis.**

### **Ethos & Background**

International British School recognises that all adults have a full and active part to play in protecting and safeguarding the children in their care and that the children's welfare is of paramount concern. The following procedures outline the action to be taken if it is suspected that a child may be being abused, harmed or neglected. There are four categories of abuse:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

It is acknowledged that a child can be abused, harmed or neglected in a family, institution or community setting by someone known to them, or less commonly, by a stranger, this includes someone in a position of trust such as a teacher or other professional.

School staff are in a unique position to help detect child abuse and also to monitor those young people about whom there is concern. This is because:

- Teachers are trained in child development and are able to recognise behaviour, which is outside the "norm" (for children of particular ages and in particular situations) and can identify signs of distress. They are alert to changes in behaviour and can identify signs of distress in children.
- Children spend more time at school than anywhere else except home. After one term in school a teacher will have spent more hours observing and communicating with a child than any other professional.
- Teachers are in a relationship of trust with their students. A child will often target a teacher or another adult who works in a school to talk about a situation at home. Therefore, all staff need to be sensitive to child protection issues and know how to react to the child both on a personal level and in accordance with the school's protection procedures.
- School is the natural focus for inter-agency work and child protection is a legitimate concern for all teachers and school staff.

Any member of staff who has a concern about a student's welfare should raise that concern to a Designated Safeguarding Lead or make a referral. Particular care should be taken with a student who:

- Is disabled or has specific additional needs.
- Has special educational needs (whether or not they have a statutory education, health and care (EHC) plan).
- Is a young carer
- Is frequently missing from home or care.
- Is misusing drugs or alcohol
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse
- Has returned to their family from care

Safeguarding and the promotion of a child's welfare covers all aspects of the child's life and the school is committed to ensuring that all its actions in respect of a child are compatible with this aim.

IBS recognises that it has a duty to ensure arrangements are in place for safeguarding and promoting the welfare of children. This duty will be carried out through:

- teaching and learning
- pastoral care
- extended school activities

### **Important Contacts**

| Designation          | Role  | Name   | Contact details   |
|----------------------|---|--|---|
| <b>Whole School</b>  | <b>Designated Safeguarding Lead</b>                 | <b>Miss Zainab Qatafah (School Counsellor)</b> | <b>+965 22219245 (Ext 106)</b><br><b>z.zuhair@ibskuwait.com</b> |
| Secondary Department | Head of Senior School / Safeguarding Officer        | Ms Delphine Vallier (Head of Secondary)        | +965 22219245 (Ext 123)<br>d.vallier@ibskuwait.com              |
| Primary Department   | Head of Primary School / Safeguarding Officer       | Mr Juned Mehboob (Head of Primary)             | +965 222 192 45 (ext 114)<br>j.mehboob@ibskuwait.com            |
| EY Department        | Head of EY / Safeguarding Officer                   | Ms Nesrien Al-Lulu (Head of Early-Years)       | +965 22219245 (ext 102)<br>n.allulu@ibskuwait.com               |
| Whole School         | Designated Safeguarding Link (Al Rayan Holding Co.) | Miss Lana Al Othman                            | +965 2382 4246<br>l.alayyar@alrayanholding.com                  |

Senior School Designated Safeguarding Lead and Officer are directly responsible for the monitoring and implementation of all set strategies and standards.

Their responsibilities include:

- Referral of allegations/cases of suspected abuse to the Principal and parents.



- Provide support and advice to all staff within the school.
- Ensure all staff understand and adhere with the child protection policy.
- Keep detailed, accurate written records of referrals and concerns.
- Ensure the child protection policy is reviewed and updated annually

Safeguarding at IBS is not a standalone aspect. It encompasses the care and safety of all pupils in all aspects of school life. In this regard this safeguarding policy links to other school policies relating to:

- Behaviour
- Pastoral
- Health and Safety
- Anti-bullying
- Whistleblowing
- E-safety

### **Safeguarding & Child Protection Information regarding Pupils**

All pupils at IBS are aware that all staff, including the school counsellor are available to talk to regarding safeguarding issues. Pupils are taught about their right to be listened to and how to express their emotions through SEAL. When an issue becomes a serious concern for the welfare of the child, the staff member involved will encourage the child to talk to the Senior Designated Person (SDP), if the child refuses the staff member will make the child aware that what the child says must be passed on to the SDP. Each department, Foundation & Primary and Senior's have a SDP. The names of the school SDP's (School Counsellor) are shared regularly with staff and pupils.

### **How will we safeguard the children in our care?**

1. We recognise that ALL school staff who come into contact with children have a duty to safeguard and promote the welfare of children. We will promote an expectation that Safeguarding is everybody's responsibility and includes identifying and taking action on behalf of students who would benefit from early help. All staff are expected to read and action Part 1 of Keeping Children Safe in Education (September 2019) and will sign electronically to confirm they have done so.
2. Child Protection and Safeguarding INSET will take place in the Autumn term for all staff. A record will be kept of who has been trained and at what level. Safeguarding briefings will always take place at the beginning of the year and staff will receive child protection updates through training:
  - [stepteachers.co.uk](https://www.stepteachers.co.uk): <https://www.stepteachers.co.uk/CPD>
  - <https://www.prosperoteaching.com/>
  - <https://psgn.english.britishcouncil.org/startnow> (Understanding Child Protection)
3. We will ensure that accurate disclosing and barring service (DBS) records are kept and that all new staff will have DBS / Local Police checks before they come into contact with children.
4. All new staff will be made aware of policy and practice with regard to Safeguarding.
5. The Leadership Team regularly review our policy and procedures for Child Protection so that they are fit for purpose and understood by all; taking into account changes in legislation and lessons learned from precedent cases. The most recent review takes into account recommendations of the Munro Report, Serious Case Review Recommendations 2011, Keeping Children Safe in Education (September 2020) and the latest Lagos State Safeguarding and Child Protection Policy.
6. The school has a Designated Safeguarding Lead and a Designated Safeguarding Officer to cover her absence.



7. We shall follow Al Rayan Holding & Local Ministry of Education procedures for Child Protection.
8. We shall ensure all associate staff, catering, support and caretaking staff attend Safeguarding INSET.
9. We shall follow up all concerns raised by children or those adults who care for them.
10. We are aware that children with Special Education Needs and Disabilities (SEND) can face additional safeguarding challenges. This is because indicators of abuse may be assumed to relate to the child's disability without further exploration. Children with SEND may be more vulnerable to peer to peer bullying issues. There may be communication issues with children with SEND.
13. We shall apply appropriate Recruitment and Selection Procedures to all posts to ensure that all those who work in a school environment are fully aware of our commitment to safeguarding children and are able to show competence and fitness for purpose in this area.
14. We will make this policy known and accessible to all stakeholders (students, parents, staff, visitors, Governors) via our web-site. Hard copies will be made available to any stakeholders on request.
15. We shall fulfil our statutory duties (DfE Sept.2016) with regard to children who are missing in education so that our school roll is accurate and that students who miss education are known and that vulnerability that comes from repeated or prolonged absence from school is reduced.
16. We shall use both curricular opportunities, pastoral meetings and assemblies to enable students to feel safe and adopt safe practices.

### **Child Protection**

At IBS it is everyone's responsibility to ensure that the safety and care of the children in our school is our highest priority. The whole school leader and each department's SDP will be responsible for effectively training staff to be aware of safeguarding and child protection issues.

The same laws do not apply in Kuwait as they do in the UK and there is not the same network of agencies who work together, as there is in the UK. Staff members involved in the safeguarding and protection of children will also need to be aware of cultural issues.

This does not mean that issues that arise will be ignored, IBS will do its best to ensure that the children in their care are as safe and protected as possible, however we must be aware of legality issues. All staff will complete Child Protection (online training) annually.

### **Also see Appendix for further Information on Safeguarding Pupils / Child Protection for Pupils.**

#### What to do if Child Abuse / Safeguarding Issue is Suspected – a summary of procedures for referral

1. If any member of staff (teaching or non-teaching) has concerns or suspicions that a student may be at risk of child abuse, they must report it immediately to the Designated Safety Lead or Officer.  
- initial contact from a child will not usually involve the DSL but possibly a class teacher or subject teacher who is best placed in terms of intimacy / friendship to speak with the student. The role of this person is primarily to listen and then to share this concern with the Designated Safeguarding Lead.
2. Once a concern is expressed to the designated Safeguarding Lead he/she will assume full responsibility for contacting the appropriate parties which may include Al Rayan Head Office or the Ministry of Education. No decisions on any course of action may be taken without the knowledge and agreement of the Designated Safeguarding Lead.



3. The Designated Safeguarding Lead is not an investigating Lead, but will speak with all staff who deal with the child in a strictly confidential and professional way, all being aware that nothing as yet has been objectively established. This information will be recorded. The Principal will then assess the information and make a decision quickly and carefully to establish a further course of action.

4. It is recognised that the teacher who first made the approach to the Safeguarding Lead is likely to have an on-going pastoral role to play in support of the child, with knowledge and support of the Safeguarding Lead.

5. On no account should members of staff investigate concerns beyond reassuring and supporting a child by creating an atmosphere where the child can talk freely. The member of staff concerned should not contact parents, nor should any enquiries be made of the child regarding parents or guardians. This will be done by the Safeguarding Lead who has determined that informing parents would not increase the risk of harm to the child or any other siblings in the family home.

6. The purpose of the procedures in school is to inform the appropriate staff, AL Rayan Head Office or the Ministry of Education who have the responsibility to carry out investigations which the school will support at all times. All professionals at IBS are expected to adopt a child-centred focus in acting in the best interests of the child at all times.

7. Information regarding any allegations of or actual child abuse remains confidential and any records, correspondence or reports etc. are to be kept separate from the student's file and will have restricted circulation. All members of staff are required to respect this confidentiality and only discuss the concerns and allegations with the designated Safeguarding Lead who will then inform other appropriate staff. The Designated Safeguarding Lead may ask the teacher who originally raised the concern to take an active role in any procedural follow up. The DSL is responsible for maintaining an accurate record of Safeguarding.

8. We also recognise the importance of 'early help'. This means staff identifying children who may benefit from an intervention as soon as the problem arises. Staff are expected to discuss this with members of the Safeguarding team.

9. If anyone other than the Safeguarding lead makes the referral they should inform the safeguarding lead as soon as possible. The School Safeguarding Team make a decision within ONE working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. School staff should follow up on a referral should that information not be forthcoming.

If (after a referral) the child's situation does not appear to be improving the designated safeguarding lead should press for reconsideration to ensure their concerns have been addressed and that the child's situation improves.

If a child is in immediate danger or is at risk of harm a referral should be made to Al Rayan Head Office, The Ministry of Education and/or the Police immediately. Only the DSL and the DSO should make a referral. Where referrals are not made by the designated safeguarding lead, they should be informed as soon as possible.



If staff members have concerns about another staff member then this should be referred to the Head of School or Principal. Where there are concerns about a Head of Department or Principal this should be referred to the Designated Safeguarding Link at Al Rayan Head Office.

### **Allegations against staff (whistle blowing)**

We are aware of the possibility of allegations being made against members of staff that are working with or come into contact with pupils, whilst they are in the care of the school. Allegations can be made by the pupils themselves or other concerned adults and are made for a variety of reasons. If an allegation is made against an adult in a position of trust whether they are members of staff this should be brought to the immediate attention of the designated Safeguarding Lead or Designated Safeguarding Officer. (Please also refer to Whistleblowing Policy)

### **Procedure for Reporting a concern or allegation about a member of staff.**

- 1.) Concern should be reported to Designated Safeguarding Lead or Officer. If they are not available this concern should be reported to the Principal or a School Senior Leader. If the Concern is about the Principal or one of the School Senior Leaders, this concern should be raised with the designated safeguarding Link at Al Rayan Head Office.
- 2.) Concern is put in writing before the end of the school day. The Concern is handed to the relevant member of staff (DSL, DSO or School Principal or Senior Leader)
- 3.) Designated Safety Team (School Principal, DSL, DSO) discuss the incident and decide what action needs to be taken and which external parties or agencies need to be involved.
- 4.) If allegation is NOT a CP or Safeguarding issue – matter is passed to HOD to investigate & deal with and report back to the Principal. If Issue is a CP or safeguarding matter – DSL, DSO or Principal investigate. Head Office Designated Safeguarding Link to be informed and consulted during investigation. Other relevant external bodies and authorities (Ministry Of Education, Local Police Authorities, DBS – UK & NCTL – UK) may need to be informed depending on the outcome of the investigation.

### **Safeguarding Information for Parents**

The school shares a purpose with parents to educate, keep children safe from harm and have their welfare promoted. At IBS we are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information about their child or home life until we have permission to do so. We encourage parents to discuss any concerns they may have with the school. We make parents aware of our Safeguarding policy and policies related to this.

### **Safeguarding Information for Staff**





We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the school psychologist and to seek further support as appropriate.

### **Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Staff at IBS are aware of the potential signs and indicators of CSE and concerns or suspicions are reported to the DSL who will contact appropriate authorities.

### **Peer on Peer abuse**

Where there is peer on peer abuse, support for the victim, resolution strategies and sanctions for the perpetrator should be put in place in line with the School's behaviour policy. However, the School acknowledges that the abuser may be a victim of abuse themselves. Advice can be sought from the appropriate authority.

### **Children with special educational needs and disabilities**

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. These can include: assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration. Students being more prone to peer group isolation than other children. The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers. To address these possible safeguarding issues, IBS diligently monitors the SEN students as well as other students not and may use targeted extra pastoral support for children with additional needs and disabilities.

### **Contextual safeguarding**

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.





## **Mental Health**

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

## **Site Security**

IBS aims to provide a secure school site but recognises that the site is only as secure as the people who use it. Therefore, all of the school's stakeholders and visitors to the school must adhere to the rules, which govern it. It is imperative to the safety of not only the pupils of the school but all stakeholders and visitors, that the policies and procedures outlined are adhered to, in order to prevent potential problems to safeguarding.

Therefore, the school ensures that:

- Main school gates will open for access between 7.00am and after 1.30pm only (7am duty will be supervised by a member of security staff until all school staff arrive at 7.15am in the playground). At all other times the gates will be closed and monitored by school security personnel.
- Security gates and doors are kept closed to prevent intrusion at key times
- Empty classrooms have closed windows.

The information below relates to further procedures that must be adhered to:

- Pupils of any age will not be permitted to leave the school site during the school working hours, unless permitted to do so by the School Principal or Vice Principal with parental permission. Pupils who have been given permission from their parents must also get written permission from the School Principal or Vice Principal, otherwise security staff will not allow them to leave the premises. If a child leaves the school premises without this permission then staff must report it immediately to the School Principal who will inform the child's parents via telephone.
- Access to the main school site will be through the front gate and these can only be opened by the school security.
- Visitors to the school may only enter through the Secondary entrance and must sign in. They will also be asked to show their 'Civil ID' as proof of identification and receive a visitor's pass (this will be returned on exiting the school site).



- Visitor identification badges are to be used for any visitor entering the school. Parents must make an appointment if they wish to speak to a member of staff through the school receptionist and must wait until staff members are available.

### **Collection of Children**

To ensure the safety of the children, it is IBS's policy that children can be collected ONLY by adults / carers with parental responsibility or when confirmed permission has been received in advance. Procedures to follow:

- Parents must inform the school / class leader in advance if somebody other than that child's parents will be collecting their child. The class leader will check that relevant permission is granted before releasing the child.
- If the school is not informed and somebody other than the child's parents tries to collect them, a call to parents must be made before the child is allowed to leave the school premises.

Duty Rosters will be followed by all staff for supervision of any children not picked up at the end of the school day. The designated member of staff will stay until the final pupil has been collected on their duty day. Parents may need to be contacted if a child is not picked up.

### **Attendance**

Excellent attendance is expected of all children, but when children are unwell parents are expected to confirm absence by telephone. If there is no notification, school has a policy of phoning home to ascertain each child's whereabouts. The school must inform the ministry if absences of more than 15 days are recorded. Positive measures are in place to encourage children to attend regularly and punctually.

### **Buses**

At IBS we use an outside bus company to take children to and from school.

The buses also have a 'maid' on board who is there to ensure the safety of the children. It is the maid's responsibility, as well as the person on duty to ensure children leave the school premises safely. Children MUST listen to both the bus driver and maid on board the bus, if children put their own or other's safety at risk when on the bus they may be suspended from using the bus facility.

Designated personnel will be assigned to take a register of all bus children that are absent each day. This information will then be handed to the person on duty at the end of the day. Staff members from the foundation stage, primary and senior departments will be on bus duty, it will be their responsibility to ensure that only the children who should be on the bus are.

### **Medicine and Allergies**

At the beginning of the school year, parents will be update the health file for each child, they have in school. A form is used to notify the school of any pre-existing health problems or allergies. If this is not completed or returned to school then the school shall not be held responsible.

At the beginning of each academic year and at specific point's through-out the year all staff members will be given an updated copy of pupils with medical issues or allergies, for example, diabetes, asthma or nut allergies. This will be displayed in designated areas of the school (retaining rights of



privacy/confidentiality). All staff members will be made aware of where this information can be found if an incident occurs.

Staff and pupils will be made aware at the beginning of each academic year of who the school nurses are. They will also be informed of who other trained members of staff are.

Medicine will only be administered by the parents or the school nurse, or in her absence other trained members of staff. Parents must inform the school of:

- The need for the medicine (why the pupils is taking it)
- The time the medicine must be taken
- The dosage that needs to be administered.
- A logging of the accident should be recorded in the relevant Accident / incident log.

### **First Aid**

Please refer to the First Aid Policy:

#### **Statement of intent**

International British School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

International British School will take every reasonable precaution to ensure the safety and wellbeing of all staff and pupils. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Safeguarding Policy
- Administering Medication Policy

The School administrators have overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.



## 1. Legal framework

- 1.1. This policy has due regard to statutory legislation, including, but not limited to the following:

The Health and Safety (First Aid) Regulations 1981 and approved code of practice and guidance  
Health and Safety at Work etc. Act 1974 and subsequent regulations and guidance

## 2. Aims

- 2.1. All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure this policy is followed in relation to the administration of first aid.
- 2.2. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.
- 2.3. Anyone on the school premises is expected to take reasonable care for their own and others' safety.
- 2.4. The aim of this policy is to:
  - Ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how major or minor.
  - Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
  - Ensure that medicines are only administered at the school when permission has been granted for this.
  - Ensure that all medicines are appropriately stored.
  - Promote effective infection control.
- 2.5. Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 112 for the emergency services in the event of a medical emergency before implementing the terms of this policy, and make clear arrangements for liaison with ambulance services on the school site.

To achieve the aims of this policy, the school will have suitably stocked first aid boxes. There is no mandatory list of items to be included in a first aid kit. Deciding what to include should be based on an employer's assessment of first-aid needs. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- Bandage (Various sizes)
- Plasters (various sizes)
- Sterile gauze
- Thermometer
- Cold compress
- Alcohol swab
- Tongue depressor
- Anti-septic wipe
- Antibiotic cream
- Thumb forceps
- Scissors
- Hydrogen peroxide

items are acceptable and can be found in the nurse's room

2.6. The lead first aider is responsible for examining the contents of first aid boxes. These should be checked frequently and restocked as soon as possible after use. Items should be discarded safely after the expiry date has passed.

2.7. First aid boxes are located in the following areas:

-Medical room/disabled toilet

### **3. First aiders**

3.1. The main duties of first aiders are to give immediate first aid to pupils, staff or visitors and to ensure that an ambulance or other professional medical help is called, when necessary.

3.2. First aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the school business manager.

3.3. Each classroom's first aiders have a responsibility to ensure all first aid kits are properly stocked and maintained. The first aid appointed person(s) will be responsible for maintaining supplies.

3.4. The current first aid appointed person(s) are:

**First Aiders:**

| Name          | Location | Expiry date             |
|---------------|----------|-------------------------|
| Mariam Hassan | Kuwait   | January 2024            |
| Linda Shaklya | Canada   | 2024                    |
| Sumi Soman    | Indian   | To be renewed in Kuwait |

**Paediatric First Aiders:**

| Name          | Location | Expiry date             |
|---------------|----------|-------------------------|
| Mariam Hassan | Kuwait   | January 2024            |
| Sumi Soman    | Indian   | To be renewed in Kuwait |

**4. Emergency procedure in the event of an accident, illness or injury**

- 4.1. If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.
- 4.2. If called, a first aider will assess the situation and take charge of first aid administration.
- 4.3. In the event that the first aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.
- 4.4. Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:
  - Administer emergency help and first aid to all injured persons. The purpose of this is to keep the accident victim(s) alive and, if possible, comfortable, before professional medical

help can be called. Also, in some situations, action now can prevent the accident from getting more serious, or from involving more victims.

- Call an ambulance or a doctor, if this is appropriate – after receiving a parent's clear instruction, take the accident victim(s) to a doctor or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to make the move without making the injury worse.
- Make sure that no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured persons from the scene.
- See to any children who may have witnessed the accident or its aftermath and who may be worried, or traumatised, in spite of not being directly involved. They will need to be taken away from the accident scene and comforted. Younger or more vulnerable children may need parental support to be called immediately.
- When the above action has been taken, the incident must be reported to:
  - The Principal/ Head of department
  - The parents/carer of the victim(s)

## **5. Reporting to parents**

- 5.1. In the event of incident or injury to a pupil, at least one of the pupil's parents must be informed as soon as practicable.
- 5.2. Parents must be informed of any injury to the head, minor or major, and be given guidance on action to take if symptoms develop.
- 5.3. In the event of serious injury or an incident requiring emergency medical treatment, the pupil's class teacher will telephone the pupil's parents as soon as possible.
- 5.4. A list of emergency contact details is kept at reception/admin office.

## **6. Visits and events off-site**

- 6.1. Before undertaking any off-site events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. This will be reviewed by the EVC (Educational Visits Coordinator) before the event is organised.



## **7. Storage of medication**

- 7.1. See Administration of Medication Policy

## **8. Illness**

- 8.1. When a child becomes ill during the day, the parents/carer will be contacted and asked to pick their child up from school as soon as possible.
- 8.2. A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parents/carer to arrive to pick them up. Pupils will be monitored during this time.

## **9. Consent**

- 9.1. Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.
- 9.2. Staff do not act 'in loco parentis' in making medical decision as this has no basis in law – staff always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind.

## **10. Monitoring and review**

- 10.1. This policy is reviewed annually by the school leadership team,; any changes made to this policy will be communicated to all members of staff.
- 10.2. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

## **Use of Photographs/Video images**

(Please also refer to the e-safety Policy)

Taking pictures and video images of children's achievements and activities is a wonderful way of capturing a memory and promoting success. A form for this will be sent home at the beginning of the current academic year for parental consent.



In the foundation stage department photographs and video images are used as a way of assessing and recording children's achievements. These images are seen only by members of staff in the foundation stage and when transitioning to KS1, the KS1 members of staff.

Staff members at IBS may also use photographs and videos as part of their displays in and around the school grounds.

If a photograph or image is to be used outside of the school grounds, for example, on the school's website, newsletters, internet media or promotion of the school, then parental consent will be gained beforehand. Each academic year a letter is sent to parents for consent of the aforementioned. This information is then collated and recorded by the school's admin staff; staff members will have access to this information, but understand that it must remain confidential.

All staff members at IBS understand that no images of children at the school may be published on personal internet media sites and that if this occurs, it will be dealt with accordingly. Staff members are also responsible for informing their line leaders if they are aware of other members of staff publishing images.

### **The Design of the Curriculum**

The curriculum deals with safeguarding in a variety of ways.

Firstly, through programs such as SEAL, children are able to discuss issues such as making relationships, bullying and how to show feelings appropriately. Children are taught about their right to be listened to and also who to talk to if they have concerns of issues they would like to discuss confidentially.

Secondly, the curriculum is designed so that safety issues within the subject are discussed and safe practices explained, such as using equipment properly in PE and Design and Technology. Children are also taught about playground safety and why it is important to follow the school rules.

When the curriculum is being delivered outside of the school site, for example, during school trips, appropriate and agreed pupil/adult ratios are always maintained. The lead adult is responsible for taking into consideration risk assessments during visits and trips to ensure children are safeguarded and protected from harm. The school must get authorisation from the ministry of education before the visit/trip can take place.

Visiting speakers are always welcome into school so that they can give specialist knowledge to the children, there will always be constant supervision from school staff members.

### **Accessibility of policies**

Parents and carers are welcome to ask for further information about any policy matter. Copies of all current School policies are available for parents and carers to read on the school ERP when registering or re-registering their child. The School will try to arrange for the translation or summary of a document when this is requested by a parent or carer whose first language is not English.

### **Policy Review**

This policy document will be reviewed by the school on an annual basis to ensure it is up to date with current legislation and best practice. Copies of reviewed policy document will be shared with or e-mailed to staff.

The above information is not exhaustive and as new policy guidance and legislation develops within the remit of Safeguarding we will review and update our policy as appropriate to ensure International British School is a safe place to learn and work.

## **Appendix 1.**

### **What is Child Abuse? – Signs and Symptoms**

These definitions are based on those from Working Together to Safeguard Children (July 2018) and Keeping Children Safe in Education (September 2021).

“The term child abuse encompasses all forms of ill treatment or neglect of children by adult members of their family unit or other adult person or agency responsible for the care of the child”.

It includes physical neglect including that which causes failure to thrive; emotional abuse or deprivation, and the various aspects of sexual abuse.

Harm usually falls within the following categories but staff should always be vigilant to any sign of stress in a child.

#### **Physical Abuse**

This is a physical injury to a child where there is definite knowledge, or a reasonable suspicion that the injury was knowingly not prevented. This includes for example, deliberate poisoning, attempted drowning or deliberate smothering. There are a number of injuries that are regarded with suspicion. These include:

- Bruises and abrasions round the face, particularly in younger children;
- Damage or injury around the mouth;
- Bilateral injuries such as two black eyes;
  
- Finger-tip bruising to the front or the back of the chest;  
Bite marks;
- Burns and scalds;
  
- Wheals suggesting beatings; and
  
- Small circular burns indicating cigarette stub marks

There may be evidence of previous injuries. Each injury needs to be accounted for. The timing, the site, the spread of injuries, the age and mobility of the child must be compatible with the history given. Inadequate, discrepant or excessively plausible explanations, or if there has been a delay in seeking treatment for the child, should arouse suspicion.

Injuries such as bruises, lacerations, bite-marks and burns may be especially apparent when children



change their clothes to participate in PE and sports activities. On the other hand, a reluctance to participate in PE or Swimming may also be an indication of child abuse.

### **Neglect**

This is the persistent or severe neglect of a child which results in serious impairment of that child's health or development.

- This may be by exposure to danger or by repeated failure to attend to the developmental needs of the child.
- Non-organic failure to thrive may result from neglect of a child but always requires medical diagnosis.
- Possible indications of physical neglect, such as inadequate, poor growth, hunger or deficient nutrition may be noticeable.

### **Emotional Abuse**

This is the persistent or severe emotional breakdown of a child, which has a severe adverse effect on the background on the child's background and emotional development.

### **Sexual Abuse**

This is the involvement of dependent, developmentally immature children, and adolescents in sexual activities they do not truly comprehend, to which they are unable to give their informed consent, that violate the social taboos of family life or which are against the law.

Sexual abuse takes many forms ranging from very serious to lesser criminal offences. Occasionally, it may include activity which may not in itself breach the law but will, nevertheless, have a disturbing effect on the child.

The extent of sexual abuse is still unknown but the rate of referral is increasing. Sources suggest that one person in ten of the adult population is sexually abused before reaching the age of 16 years. Sexual abuse need not occur as a single incident; the victims may have to endure abuse lasting for a period of between two and four years, sometimes longer. It is something that happens mainly in the context of a familiar relationship and offenders are often fathers, stepfathers or the mothers' male cohabitants. Few "strangers" are involved. Contrary to expectation some offences are committed by females. In some instances, clear signs and symptoms are overlooked either in error or in circumstances where the teacher is unwilling to believe what has been identified.

To assist, teachers should be aware of the symptoms which for sexual abuse, include:

- Bed wetting or wetting during the day;
- Abdominal pain;
- Sleep and eating disorders;
- Withdrawal;
- Inappropriate or explicit sexual play;
- Sexual precocity or knowledge of sexual activities inappropriate to the child's age;



- An abnormally high incidence of minor injuries, lethargy, tiredness; and
- Sudden, unexplained change in behaviour.

This list is not intended to be exhaustive and it is recognised these symptoms may individually or jointly be signs of conditions unconnected with abuse.

## **Appendix 2**

### **Checklist of what to do if a child comes to you with a safeguarding or child protection issue:**

If a child makes an allegation or disclosure of abuse against an adult or other child or young person, it is important that you:

- Stay calm and listen carefully.
- Reassure them that they have done the right thing in telling you.
- Let them know that you will need to tell someone else.
- Make careful notes. As far as possible details such as date, time, setting, who was present and what was said should be recorded in the child's own words and as near exact as possible.
- Inform your Senior Designated safeguarding person as soon as possible.
- Refer without delay.
- Do Not investigate or ask leading questions.
- Do Not interrupt.
- Do Not include your opinion without stating it is your opinion.
- Do Not promise to keep what they have told you a secret.
- Do Not offer suggestions or alternative explanations for the child's concerns.

All subsequent actions must be recorded in writing and dated. All disclosures must be kept confidential to yourself and the Designated Safeguarding person only.

### **The seven golden rules of sharing information**

1. Remember that GDPR (2018) and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is appropriately shared.
2. Be open and honest with the individual and their family where appropriate from the outset about why, what and how and with whom information will be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned without disclosing the identity of the person where possible.
4. Share with informed consent where appropriate and where possible respect the wishes of those who do not consent to have confidential information shared. You may still share information without consent if in your judgement there is good reason to do so. Such as the student's safety may be at



risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might always not expect information to be shared.

5. Consider safety and well-being. Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, timely and secure. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate, up to date, is shared in timely fashion and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared with whom and for what purpose.

### **Dealing with Disclosures – some Do's and Don'ts**

A child will select the recipient of their disclosure very carefully. They will choose a person in whom they trust. The initiative for making a disclosure remains with the child. If a teacher is chosen and abuse is a possibility it is hoped these guidelines would prove helpful in handling what can be a difficult and traumatic experience.

#### **DO:**

- Read the School's Safeguarding Policy.
- Be alert to the signs of child abuse.
- Follow procedure – INFORM THE SAFEGUARDING LEAD.
- Believe the child.
- Try to create an atmosphere which accepts what the child is saying and values his/her no matter what the content of the communication. Record what has been said carefully (the exact words if possible).
- Be sensitive to the situation as the child sees it. The child should then feel more confident about sharing his/her problems.
- Reassure the child that he/she has taken the correct course of action and will be protected.
- Be sensitive to the possibility that following disclosure a child may not wish to be left alone.
- Be honest.
- Tell the child that you must refer the matter to someone who can help.
- Inform the Safeguarding Lead.

#### **DON'T:**

- Assume someone else is dealing with or has dealt with the information you have been given. Pass it on to the Safeguarding Lead immediately.
- Ask leading questions of the child.
- Question the child's honesty in making a disclosure.
- Contact the family / guardians or discuss the matter with anyone other than the Safeguarding Lead /Senior Staff Member.
- Make any investigation. Our role is to inform.
- Promise confidentiality



Reviewed by DSL  
Date: March 2023