



STUDENT WELLNESS & SAFETY HANDBOOK

2024-2025
1ST SEMESTER

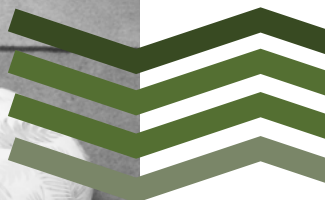


Table of Contents

(CLICK TO GO TO PAGE)

4	GUIDING PRINCIPLES
4	POLICY STATEMENT
5	CHILD PROTECTION TEAM
5	DEFINITIONS AND INDICATORS OF ABUSE
10	PROCEDURE FOR REPORTING
11	PROCEDURE FOR REPORTING ON FIELD TRIPS/NON CAMPUS SCHOOL SUPPORTED ACTIVITIES
12	PROCEDURE FOR ABUSE REPORTING FOR ALLEGATIONS AGAINST STAFF
14	GUIDELINES FOR RESPONDING TO DISCLOSURE
14	REPORTING GUIDELINES
14	SCREENING
14	CODE OF CONDUCT
15	EDUCATION AND TRAINING
15	Students
15	Parents
15	Staff
16	SUICIDE IDEATION AND PREVENTION HANDBOOK AND PROTOCOL



GUIDING PRINCIPLES

- *All students at EAB have the right to a safe educational environment and all stakeholders are responsible to foster their safety.*
- *EAB fosters a culture of safety and wellbeing by implementing practices that are based on prevention as well as intervention.*
- *EAB incorporates the UN Rights of the Child into all training and preventative measures*
- *EAB has assigned the division counselors as the Child Wellness and Safety Officers who are responsible for training the community and responding to abuse reporting.*
- *It is mandatory for staff members to report students who appear to be in a state of crisis, whether due to abuse, bullying, self-injury, or other behaviors of concern, to a Child Wellness and Safety Officer. All EAB teachers support all EAB students.*
- *All EAB faculty and staff members are mandatory reporters under Brazilian law. This means that all disclosures made to an EAB faculty or staff member must be reported if they are related to alleged abuse.*

POLICY STATEMENT

EAB is committed to the wellness and safety of all of its students and implements the best practices and procedures of American international schools, the UN Rights of the Child, and the child protection laws in Brazil (Estatuto da Criança e do Adolescente). EAB shall be responsible to develop all necessary education, training, policy planning and case management in order to prevent, identify and respond to child abuse, neglect and at risk behaviors.

CHILD PROTECTION TEAM (CPT)

MEMBERS, AS NEEDED

- Head of School
- Director of Teaching and Learning
- Divisional principals
- Divisional counselors
- Nurse
- Head of Security

ROLE OF THE CPT:

- Organize and lead all Child Protection Training and Safeguarding at EAB
- Deliver professional development for all staff and volunteers regarding EAB's child wellness and protection agreements
- Develop and deliver a comprehensive SEL curriculum and monitor effectiveness
- Deliver parent education to support understanding of the objectives and goals of the SEL curriculum
- Provide continuous management, guidance, and support in any cases regarding child protection

DEFINITIONS

CHILD ABUSE

According to the World Health Organization, child abuse constitutes “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting 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”.

CATEGORIES AND INDICATORS OF ABUSE, NEGLECT, AND AT-RISK BEHAVIORS

Physical Abuse: The non-accidental use of force resulting in bodily injury, pain, or impairment.

Physical abuse could include but is not limited to

- Hitting
- Punching
- Bruising
- Shaking
- Throwing
- Poisoning
- Biting
- Burning or scalding
- Drowning
- Suffocating
- Physical restraint
- Could also indicate harm to self, such as, cutting and suicide ideation.

POSSIBLE INDICATORS OF PHYSICAL ABUSE

Unexplained bruises, welts, cuts or fractures on any part of the body

Bruises of different ages and colors

Injuries reflecting the shape of an object

Injuries that regularly appear after absences

Unexplained burns or burns with a pattern

Bald patches where hair might have been torn out

Fear of going home

May flinch if touched unexpectedly

Extremely aggressive or withdrawn

Poor sleeping patterns, frequent nightmares

Poor memory and concentration

Changes in emotion and/or behavior

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 a child that they are worthless or unloved, that they are inadequate or valued only while they meet the needs of another person, imposing age or developmentally inappropriate expectations, causing children unnecessary fear, or exploiting or corrupting children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may also occur alone.

Emotional abuse could include but is not limited to:

- Excessive criticism
- Negative comparisons
- Insults
- Rejection
- Put downs
- Harmful threats
- Inappropriate expectations
- Yelling

POSSIBLE INDICATORS OF EMOTIONAL ABUSE

Fear of failing

Fear of consequences- can lead to lying

Mood swings, withdrawal, aggressiveness

Mental or emotional development lags

Social isolation

Low self esteem, depression

Frequent psychosomatic complaints (headaches, nausea, stomach ache)

Bedwetting and/or diarrhea

Sexual Abuse: The forcing or enticing of a child to take part in sexual activities whether or not the child is aware of what is happening. Activities may involve physical contact but may also 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.

Sexual abuse could include but is not limited to:

- Penetrative or non-penetrative sexual acts
- Sexual intercourse, anal or oral sex
- Touching of genitals or breasts
- Undressing or exposing oneself
- Forced viewing of sexual acts, genitals, or pornographic media
- Developmentally inappropriate conversations about sexual content
- The exploitation of a child in prostitution or other unlawful sexual practices

POSSIBLE INDICATORS OF SEXUAL ABUSE

Sexual knowledge, behavior or language not appropriate to age level

Unusual relationship pattern

Sexually transmitted infection in a child of any age

Frequent urinary tract infections in both boys and girls

Evidence of physical trauma or bleeding to the oral, genital or anal areas

Difficulty in walking or sitting

Bedwetting

Not wanting to be alone with an individual

Pregnancy, especially at young age

Extremely protective parenting

Having secrets that they cannot tell anyone about

Reluctance to change into PE clothes, fear of bathrooms

Behavioral/emotional disturbances

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

Neglect could include but is not limited to:

- Inadequate food, shelter and clothing
- Lack of hygiene
- Not protecting a child from other forms of abuse
- Lack of supervision by a parent or legal guardian
- Not providing needed medical or social/emotional treatment

- Emotional isolation, lack of affection/attention
- Failure to support a child's educational needs

POSSIBLE INDICATORS OF NEGLECT

Child is hungry or inadequately dressed or unwashed

Parents are uninterested in child's academic performance

Parents do not respond to repeated communications from the school

Parents or legal guardian are absent for more than 24 hours

Parents or legal guardian cannot be reached in the case of an emergency

Child does not want to go home, feels lonely and uncared for at home

Unattended medical or dental needs

Developmental delays

Irregular or non attendance in school

Demands constant attention and affection

Regularly displays fatigue or indifference

Self destructive behaviours

Lack of trust in others

At-Risk Behaviors

Staff members are required to refer students who are exhibiting at-risk behaviors possibly related to depression, self-harm, substance abuse, inappropriate usage of the internet, or bullying to their divisional counselor or principal.

POSSIBLE INDICATORS OF AT-RISK BEHAVIORS

Unexplained bruises, scratches or cuts on any part of the body

Refusal to dress appropriately for PE (long sleeves)

Resistance to eat

Sudden or constant academic failure

Unexplained burns or burns with a pattern

Secretive behaviors, spending unusual amounts of time in the students' bathroom or isolated areas on campus

Defiant/ disrespectful behavior towards peers and adults

Indifference to advice and guidance

Social isolation

Frequent visits to the nurse's office

PROCEDURE FOR REPORTING

When there is reason to believe that a child is being abused or has demonstrated at-risk behavior, either by observation or a disclosure, the faculty or staff member should report to a division counselor immediately. A written report must be completed following a verbal report to the counselor. The counselor will gather more information regarding the concern and meet with the other members of the Child Protection Team (CPT). The following actions **will** take place depending on the acquired information:

*If the child has physical injuries, they need to be seen by the school nurse in a confidential setting. The school counselor should be with the child during this assessment but should give the child privacy if the assessment is of a sensitive area. No other students or staff should be in the health unit at this time. If this is not possible, the nurse should assess the injuries in a counselor's office to ensure privacy.

1. A Child Protection Team (CPT) member will interview staff members and look into the child's school records and relevant documentation.
2. CPT will meet to discuss the report and determine next steps. This may involve speaking with the student again, but with another member of the CPT present.

3. CPT team may consult with the school attorney.
4. CPT will consult/inform local authorities, for example Conselho Tutelar. For students from embassies that we have a child protection agreement with, the embassy will be informed as well as local authorities.
 - For other embassies without this agreement, the CPT will contact the embassy to check if they have a child protection officer that can support the family. Confidential identifying information will not be disclosed to embassy employees outside of a child protection officer or child protection team.
5. Division counselor will monitor the student while at school.
6. Division counselor may offer resources for the student's teachers.
7. With parent permission and consent forms signed, the division counselor may consult with the outside professional to monitor the progress of the student.

Members of the CPT may meet with the family before reporting to express the school's concerns once they have determined that the child is not in immediate danger. Situations where we may not meet with the family are:

- If we are concerned that we may endanger the child by alerting caregivers to disclosure. For example, if we do not know the reported abuse's timeline or if it is ongoing.
- If we are concerned that the caregivers may tell the child not to speak with counselors or authorities in a way that may impede the investigation.
- If the abuse is severe enough that we need to involve the police.

REPORTING TO CONSELHO TUTELAR

1. The Brazilian Director is the person charged with reporting to Conselho Tutelar. If they are not available, a Brazilian counselor will assume this role.
2. The person reporting will meet with the CPT to determine if the child is in immediate danger or if there is concern that meeting

with the family first could impede any kind of investigation, as detailed above. If not, then a meeting with the family to express concerns before reporting is possible.

3. A report is written in Portuguese using the Conselho Template
4. A call is made to the Conselho Tutelar who is responsible for the child's district. This can be found using the child's home address.
5. In reference to self-harm, suicidal ideation, or risk to oneself, refer to Brazilian law: Informativo 14/2019 Polítca Nacional de Prevenção da Automutilação e do Suicídio.

PROCEDURE FOR REPORTING DURING FIELD TRIPS/OFF-CAMPUS SCHOOL SUPPORTED ACTIVITIES

Abuse, for the purposes of reporting for incidents that occur during field trips or off campus activities, is defined as an adult action of cruel or violent treatment of a student. (Please see any of the abuse indicators above.)

1. If alleged abuse is reported to have occurred while on the field trip/outside activity, the first duty of the staff member is to isolate the student away from the alleged abuser and ensure their safety.
2. Member of staff will contact divisional member of the CPT (both counselor and principal)
3. Member of CPT will follow up with the child (zoom or phone call)
4. Member of CPT will contact head of school for guidance and next steps

5. Head of school will advise CPT and staff member of immediate next steps, which may include any or all of the following:
 - Contact parents
 - Contact local authorities
 - Seeking appropriate or any necessary medical treatment
 - Arranging for the child to be brought home
6. Head of school and CPT may consult with a third party professional to assist with ensuring that the ICMEC procedures are being met correctly.

If an incident occurs between students, the school will follow the disciplinary guidelines and procedures, found in the student handbooks. Depending on the severity of the incident, students will be separated to protect their safety.

PROCEDURE FOR ABUSE REPORTING FOR ALLEGATIONS AGAINST STAFF

Due to the delicate nature of allegations against staff, this is a rough guideline for the necessary steps. EAB understands that many of these steps may be occurring simultaneously, and therefore this process is fluid and, depending on the situation, various steps may need to be taken before others.

1. The child will be immediately separated from the member of staff of whom the allegation of abuse is against. The faculty or staff member will be alerted by an HR representative or the Head of School that an investigation will commence.
 - Any allegation against a staff or faculty member will be reported to the Board of Directors by the Head of School.
 - Depending on the severity of the allegation against staff, the staff member may be removed from campus and put on administrative leave until the investigation is complete.
 - Prior to placing a member of faculty or staff on administrative leave, the school legal team will be consulted by the Head of

School. However, the faculty member may be asked to leave campus before legal consultation as a method of child safeguarding.

2. Divisional counselor will initially interview the student to obtain all facts related to alleged abuse and will alert the divisional principal and head of school regarding the initiation of investigation. Counselors will follow ICMEC standards, and will reach out to child protection consultant for guidance if necessary.
3. Divisional counselor or principal will make contact with the student's parents to inform them of the alleged allegation.
 - Depending on the nature of the allegation, the order of number 2 and 3 may be reversed.
 - Depending on the type of abuse and timeline of abuse, the student may be sent to the health unit for evaluation.
4. Statements from all relevant parties will be gathered, and any follow up interviews may be conducted.
5. Head of school will comply with Brazil's local regulations and ICMEC standards with regard to reporting to any and all necessary authorities.

GUIDELINES FOR RESPONDING TO DISCLOSURE

- Do not promise a child that you can keep their secret.
- Explain to the child that you must tell someone else what they have told you for their own safety.
- Do not lead the child's narrative. Just listen, letting them explain in their own words.
- Don't pressure for greater detail.
- Respond calmly and matter-of-factly. Even if the story the child tells you is difficult to hear, it is important not to register disgust or alarm.

- Do not make judgmental or disparaging comments about the abuser because it is often someone the child loves or with whom they are close.
- Do not make promises to the child that things will get better.
- Do not confront the abuser.
- If the child does not want to go home, the situation should be considered an emergency. Immediately contact one of the members of the CPT. **Do not take the child home with you**
- Respect the child’s confidentiality, limiting discussion with other staff.
- Respect the child’s confidentiality, do not discuss with staff outside of the CPT in a professional context.
 - If a staff member needs to process this disclosure, they may do so with a member of the CPT in a professional setting.

REPORTING GUIDELINES

A report, verbal and written, must be made to a member of the CPT when there is a reasonable suspicion that a child has been abused, neglected, or is showing signs of at-risk behavior. The identity of the reporter will be protected.

STAFF SCREENING

At EAB, all personnel, staff, teachers, and other members of the community, whose potential employment involves direct contact with, and/or the potential for unmonitored access to children, shall be given thorough reference and background checks, including review of criminal and sexual offender records. EAB uses the recommended **Screening and Assessment Practices for International School Recruitment** as a checklist when hiring.

PROFESSIONAL CONDUCT

Code of Conduct Agreement

Social Media Guidelines for EAB Faculty

EDUCATION AND TRAINING

STUDENTS

Division counselors deliver a social-emotional learning (SEL) curriculum, including abuse awareness and prevention, to teach students about healthy social/emotional development.

A representative from an outside prevention organization is invited on campus to teach upper school students, families, and staff members about the effects of chemicals on the adolescent brain and why it is vitally important to delay or avoid chemical use.

STAFF MEMBERS

All staff members receive annual training on how to identify signs of abuse and at risk behavior, how to respond to disclosure, and the procedures for reporting. Staff members also receive training on how to report students who disclose self-harm or suicide ideation.

FAMILIES

A variety of workshops led by EAB counselors are offered throughout the year to guide families on best practices in raising their children.

STUDENT WELLNESS AND SAFETY DURING DISTANCE LEARNING

Student wellness and safety is still a priority during Distance/Blended learning. The team is replicating all the procedures via zoom. Staff training was done through it on how to be aware of signs of potential student abuse, at risk behavior and the guidelines for reporting.

The students' learning and wellbeing continue with safeguarding via zoom meetings, school email and phone calls when needed. Teachers and

counselors are attentive to verbal and nonverbal cues. If needed, Counselors will schedule check-ins with the student and work in partnership with teachers, parents and even outside professionals.

Prevention programs are implemented through daily zoom sessions with teachers and counselors working collaboratively, in both lower school and upper school. They are pre structured activities based on our core values and learner traits.

SUICIDE IDEATION AND PREVENTION PROTOCOL

MISSION:

EAB is committed to suicide awareness, education, and prevention. This manual is intended to provide information, guidance, and direction for staff members when confronting issues of suicide, self harm and suicide ideation.

CRISIS MANAGEMENT TEAM:

This team consists of counselors at all levels, administrators at all levels, the head of school, and the school nurse. Counselors should be the team members to complete the screening risk.

First Responder: Divisional counselor

Second Responder: Counselor from another division

Third Responder: Principal and/or School Nurse

**Regardless of who responds, the divisional principal and head of school must be notified of each report. For students who are Brazilian or International (Non-American), the head of Brazilian Studies must also be informed.*

PROTOCOL:

When a disclosure of suicide ideation is made or suspected, it is the duty of the crisis management team to assess the imminent risk. When a disclosure is made to another student, teacher, faculty member, or counselor, it is the responsibility and duty of the crisis team to inform the parents of this disclosure. While EAB keeps confidentiality at the cornerstone of counseling, this type of disclosure circumvents confidentiality and must be disclosed to parents/guardians. A written form detailing the plan of action must be completed by a member of the crisis management team and then signed by the parents/guardian. Teachers are only responsible for reporting suspected or disclosed suicide ideation and are in no way responsible for assessing the risk.

Teacher Disclosure Checklist

If an in-school attempt of suicide is made, the following protocol should be followed:

1. First aid shall be rendered until professional medical services and/or transportation can be received.
2. School staff shall supervise the student to ensure their safety.
3. Staff shall immediately notify the principal and school counselors regarding the incident of in-school suicide attempt
4. Staff shall move all other students out of the immediate area as soon as possible.
5. The school counselor or principal shall contact the student's parent or guardian.
6. The school shall engage the crisis team as necessary to assess whether additional steps should be taken to ensure student safety and well-being, including those students who may have had emotional or physical proximity to the victim.
7. School counselor and principal shall request a mental health assessment for the student as soon as possible

If a staff member is made aware of an imminent out of school attempt, the following protocol should be followed:

1. Call 190 (police and/or emergency medical services).
2. Inform the student's parent or guardian.
3. Inform the principal and divisional counselor.

If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police, while maintaining engagement with the student.

**These steps may not always be followed in sequential order. Many things would be happening at once. Your duty is to the safety of the child, and getting help to ensure other students (if around) are in safety as well.*

If suicide ideation is expressed to a staff member orally, the following protocol should be implemented:

1. Do not leave the child alone.
2. If possible, bring the child to the counselor's office/student services office. If the divisional counselor is not available, stay in the student services office with the student until another counselor or member of the crisis management team is available to take over.
3. If the student refuses or is unwilling to go to the counselor's office, notify the counselor and principal immediately via whatsapp

If suicide ideation is expressed in a written/artistic way or verbally though another student sharing a concern:

1. The staff member needs to find the divisional counselor immediately with the written expression/artwork.
2. If a student expresses concern for another student, the staff member needs to escort that student to the divisional

counselor. If the divisional counselor is not available, the student needs to speak to another counselor or member of the crisis management team.

If suicide ideation is expressed during an after school activity:

1. The staff member should under no circumstances leave the child alone.
2. Any member of the crisis management team currently on campus should be contacted immediately.
3. Any divisional principal on campus should be contacted immediately
4. Head of school is notified immediately
5. If there are no members of the crisis management team present on campus, the teacher must call a member of the crisis management team immediately.
6. How and who calls parents??

If suicide ideation or attempt is made while on a school related field trip:

1. If an unsuccessful attempt was made the member of staff should contact immediate medical assistance (including calling 911 or taking a child to the hospital)
2. In all circumstances, the staff member should under no circumstances leave the child alone.
3. Staff member contacts divisional principal and/or counselor immediately.
4. Divisional principal or counselor will contact Head of School and Activities and Athletics Director (if necessary) immediately.

5. Counselor will evaluate the situation and follow up with the child immediately. Counselor will use a threat assessment to determine the level of threat and determine level of threat.
6. If the threat level is medium to high, parents must collect their child from the outside school activity.
7. If the threat is low, the counselor will contact parents and discuss the nature of the situation and defer to parents on next steps.

RISK ASSESSMENT:

A member of the crisis management team, typically the divisional counselor, will conduct a risk assessment to determine the level of risk. If the risk is low, the student can remain on campus, but parents must be contacted and careful, confidential documentation must be completed and placed in the student's file. If the risk is medium or high, the student may not remain on campus and must seek a psychological evaluation immediately. In this event, parents will be called by a member of the crisis management team, and will need to pick up the student immediately. Support and information will be provided to parents regarding the evaluation process and next steps.

Counselor Checklist

RE-ENTRY PROCEDURES FOR MODERATE/HIGH RISK:

For students returning to school after a mental health crisis, the school counselor and the principal will meet with the student's parent or guardian, and, if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school. Re-entry cannot happen on the same day that a threat or suicide ideation is expressed, nor can happen until proper documentation is received from a medical professional.

1. The school counselor will coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The school counselor or principal will report to the Brazilian Diploma Coordinator, who will then need to report to Conselho

Tutelar if they are Brazilian or an international non-American student. All American students must be reported to the US Embassy by EAB's head of school.

3. The parent or guardian will provide documentation from an independent psychiatrist that the student has undergone a mental health examination and that they are no longer a danger to themselves or others, and safe to return to school.
4. The school counselor will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.
5. The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnosis) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. School counselor will send an email to the student's teachers informing them of the reentry policy and procedure, and will request each teacher to reply and acknowledge the email. The school counselor shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.



INTERVENTION REPORT PARENT/GUARDIAN PLAN OF ACTION

Student Name:

Date:

I understand that my child has been assessed as being at risk for suicide due to the following indicators:

- Has made a recent attempt, considered suicide or is considering suicide
- Has the means available or immediate accessibility
- Other factors

Plan of Action (to be completed by the school counselor):

I understand that in order for my child to return to school, an official letter/evaluation from a psychologist/psychiatrist/hospital/therapist must be given to the school prior to their return. Once received, a school intake appointment will be scheduled with the school counselor and principal.

Parent Signature:

Counselor Signature:

Principal Signature:

Date:



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