

Best Practices in School-Based Toilet-Learning and Continence

The Vermont Continence Project

Center on Disability and Community Inclusion

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Introduction

Students of any age, gender, socioeconomic status, or ability/disability classification may experience incontinence concerns. Studies indicate that among school-aged children (4-17) the rate of functional (chronic) fecal incontinence may be as high as 4.5%, and urinary incontinence may be 10.5 % (Loening-Baucke, 2006). Even these rates are likely significantly underreported, due to stigma, fear, and shame surrounding incontinence. Additionally, incontinence is similar to many other chronic health concerns in that intensity of concerns may intensify and wane, leading to a perception that supports are not needed. This may result in withdrawal of supports and subsequent relapse. Overall, it can be said that chronic incontinence is a health and developmental concern that affects a significant proportion of school-aged children and youth.

Risk Factors Associated with Incontinence

Individuals who experience incontinence are susceptible to a wide variety of risks beyond their peers.

- **Attendance & Out-of-Class Time:** Students with frequent toileting breaks, clothing changes, or using a special/designated bathroom may miss many minutes of in-class time daily when compared with peers. The availability of support staff may impact the ease and timeliness of toileting-related activities. Students with unresolved urologic or gastrointestinal concerns may also have additional medical, counseling, or physical therapy appointments which increase absences.
- **Health Concerns:** Incontinence and related conditions are chronic health issues, with specific symptoms which affect participation, comfort, and well being. These can include: stomach pain, fatigue, loss of appetite, abdominal tenderness, diarrhea, bloating, and constipation. Children and youth with continence concerns also experience higher than average rates of inattention, irritability, anxiety, and externalized behaviors (aggression, poor compliance with adult instructions, etc.). Some of these behaviors are known to improve with resolution of continence concerns.
- **Social Stigma:** Students with continence and toileting challenges such as (but not limited to) accidents, use of a brief, scheduled toileting times, and odor and hygiene concerns are at significant risk for singling out, ostracism, and even bullying by peers.

Best Practices for Continence Support in Schools

Health

- In addition to supporting a student's dignity and social safety, making sure that a student is clean and dry on a consistent basis will decrease the probability of skin breakdown, urinary tract infections, and rashes. Data collection and may flexible availability of staff members assigned to support toileting are often required to do this effectively.
- Unresolved constipation, encopresis, or loose stools, irregular or dribbling urination, food intolerances, allergies, and other related health conditions should be considered as important contributing factors when planning a child's toilet learning and continence programming. Effective communication and teaming among community medical/health providers and school staff is needed.

Self-Determination & Dignity

The Developmental Disabilities Act states that all students, regardless of disability or diagnosis, are entitled to **self-determination**: the ability to make their preferences, wants, and needs known in decisions that relate to their care, education, and life. In relationship to toilet learning and continence, this can affect many choices, including:

- Where a student changes/is changed
- How a student participates in toilet hygiene and/or toileting
- Who assists a student with changing barrier garments and clothing management
- Who discusses toileting and continence with a student
- What kind of barrier garment a student wears
- How others discuss toileting and continence with the student

Students should also be addressed using age-respectful toileting language, regardless of developmental status - for example, "toilet" instead of "potty", and appropriate and specific names for body parts where relevant. Students who require extensive hands-on care should also receive ample communication before being touched or handled.

Toilet Learning/Toilet Teaching vs. Toilet "Training"

The common term "toilet training" does not acknowledge that toileting is a complex skill set with many components that must be practiced and learned like any skill. The use of the terms "learning" and "teaching" brings dignity to the person learning and mastering these skills, and offers the appropriate level of responsibility to the adult(s) who are supporting the learner. Toilet "learning" also reminds us that there is a continuum of toileting skills that a person can acquire, not simply that they are "trained" or that they are not.

Supporting Progress in Toilet Learning

In order for toilet learning to progress, the team must develop a shared understanding of a student's toileting challenges and determine the appropriate levels of support required, as they would for any student goal.

Vermont is a "home rule" state, meaning that many decisions and plans must be made on the school or district level, including toileting policy. Therefore, most of our recommendations are based on best practice, and not on law or policy. Fundamentally, though, a school is expected to address toileting and continence as a health concern. A U.S. Supreme Court Case *Irving Independent School District v. Tatro* indicated, "Schools must provide health-related services when necessary for the student to receive an appropriate education and when the service can be provided by someone with less training than a physician" (Filce & Lavergne, 2011). This case has been used as precedent in cases where school support for toileting was in question.

Establish School/District Toilet Policy

While many questions or considerations may need to be decided on a case by case basis, your institution can proactively decide many aspects of its toileting policy.

- Determine who is ultimately responsible for toilet learning policy decisions. This may include the principal, school nurse, special services administrator, or others.
- Determine how many staff must be present during toileting/changes, and whether staff may be in the room while a student is toileting.
- Determine an institutional policy on barrier garment use: are students required to wear a barrier garment for any periodic incontinence? How long must a student be "accident free", or under what conditions, before allowing them to be without a brief/diaper?
- If a family can/will not provide briefs or diapers, will the school fund them?

Teaming & Staffing

- The team should include educational, medical/health, mental health, social services, and family, as needed and relevant to the student's toilet learning needs.
- Identify a **case manager** for toilet learning, who is in a position to monitor progress and make decisions about a student's toilet learning plan. This is often a special educator, school nurse, classroom teacher, or school occupational therapist. We discourage identifying a paraprofessional, as it is not their role to make programming decisions.
- Identify **team roles** and responsibilities, and action steps.
- Schedule **regular meetings** where toileting will be addressed and progress towards toileting goals will be monitored.
- If daily toileting/changing sessions are indicated, **assign a consistent staff member**.
- The staff member optimally has the flexibility to accompany the student to the bathroom when wet or soiled, or when the student shows signs of needing to use the toilet.
- Provide instruction in proper **body mechanics** (by nurse, PT, OT, or other) when supporting non- or partially-ambulatory students.

Create a Toilet-Learning Plan

Look at the who, what, when, where, why, and how of toileting:

Who:

- Who will support toilet learning, both with programming decisions and the provision of hands-on toileting/continence support? Confirm agreements about whether this person will be present/in the room during toileting.
- Who will provide barrier garments and changes of clothes if necessary? Who will wash wet/soiled clothes?
- Who is responsible for communicating with parents or caregivers when clothes or barrier garments run low?

What:

- What are your goals for your student's toileting and continence plan? Set goals and develop specific action plans towards those goals. (See "Documenting a Student's Toilet Learning Plan" below)

When:

- Take data on the frequency of a student's wetting and soiling, and use that to decide what times are optimal for the student to use the toilet/change briefs. Determine how long the student will be asked to sit and how that information will be relayed to the student (a timer, countdown, etc.).
- Schedule regular meetings where toileting will be addressed and progress towards toileting goals will be monitored.

Where:

- Where will the student toilet - in the nearest bathroom, or another bathroom in the school, such as the nurse's office?
- Where will continence products be stored?
- Is any positioning equipment required for this student for toilet/change, and where will that be stored?

Why:

- Has the student chosen reinforcers?
- Does the student have access to information about toileting? Does s/he understand the expectations and goals around toileting?

How:

- How will the student participate in toileting and continence, and with what levels of support from staff?
- Does the student have the appropriate accommodations in concept development, adaptive skill, communication, and mobility to participate in their toileting plan?
- Has the team agreed on teaching strategies for this student's toilet learning plan?

Common Challenges in School Toilet Teaching

Wetting, Soiling and Barrier Garment Use

If a student is wetting and/or soiling at school with any regularity (frequent or infrequent), a plan must be put in place. Vermont's local control approach, however, means that schools and districts will need to develop and defend their policies and procedures on their own. The Vermont Continence Project and the Health Services division of the Vermont Agency of Education recommend that a student who is routinely wetting or soiling should wear a protective incontinence garment (pull-up, diaper, pad, or brief) at all times for the following reasons:

- The student's safety and dignity may be at risk if other students see or smell an accident.
- The student's primary job in the school setting is to succeed as a student, and unresolved incontinence concerns can distract from that.
- Bodily fluids pose a public health risk to other students and staff.
- A barrier garment is easier and quicker to change than a full set of clothes, allowing the student to use a nearby hall or classroom bathroom, enabling a least restrictive education, and less out of class time.

Scheduling Continence: Changes and Sits

Choosing when and for how long a student will sit is an essential part of creating a school toilet plan.

- Over a period of days, take data on the frequency and timing of student's wetting and soiling. Look for patterns, and use these to guide your toileting schedule.
- Schedule bathroom breaks into natural transitions in the classroom.
- Toilet learners generally do not need to sit for more than three minutes at a time, unless directed by a physician.
- Based on the student's needs for personnel and accessibility, choose the bathroom that is closest to their classroom. This is the most inclusive practice, and will be least restrictive and intrusive to their school day and learning experience.

References & Resources

References

Emge, G., Wilson, L., Miller, T. D., & Ferguson, A. (2020, January). Use of Individualized Healthcare Plans to Support School Health Services. Retrieved June 23, 2020, from <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-ihps>

Filce, Hollie & Lavergne, Leslie. (2011). Educational needs and accommodations for children with bowel and/or bladder dysfunction. *Phys Disabil: Educ Relat Serv.* 30. 30-52.

Garman, K., & Ficca, M. (2011). Managing Encopresis in the Elementary School Setting. *The Journal of School Nursing*, 28(3), 175-180. doi:10.1177/1059840511429685

Loening-Baucke, V. (2007). Prevalence rates for constipation and faecal and urinary incontinence. *Archives of Disease in Childhood*, 92(6), 486-489. doi:10.1136/adc.2006.098335

Resources

Individual Student Health Care Plan Templates (Diagnosis-Specific) - San Diego County Office of Education

<https://www.sdcoe.net/student-services/student-support/Nurses/Pages/individual-student-health-plan-templates.aspx>

Toileting Assistance in Child Care & the ADA - Randy Chapman's Ability Law Blog

<https://randychapman.wordpress.com/2009/05/14/toileting-assistance-in-child-care-and-the-ada/>

When Schools Tell Kids They Can't Use the Bathroom...

<https://www.theatlantic.com/education/archive/2019/02/the-tyranny-of-school-bathrooms/583660/>