Washington Office of Superintendent of
PUBLIC INSTRUCTION

Guidelines for Toilet Training and Incontinence Management in Schools

2024

GUIDELINES FOR TOILET TRAINING AND INCONTINENCE MANAGEMENT IN SCHOOLS

2024

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INTRODUCTION

This guidance is written to support school staff in addressing PreK–12 students' needs with various aspects of toileting with respect, dignity, and professionalism. The goal is to support students to achieve greater independence with toileting and foster inclusion and access to a supportive learning environment. Students should be encouraged and supported to achieve the highest levels of independence and autonomy that are possible. Privacy and confidentiality are to be protected at all times.

Every child develops at their own pace. Requiring that a child meet certain skills prior to school attendance perpetuates inequities. Early learning offers essential opportunities for students whose families may not have the means to access quality preschool programs.

A Washington state preschool or K–12 public school may not refuse enrollment or attendance based on whether a child is toilet trained. See RCW 28A.150.220(5)(a): school programs "shall be accessible to all students who are five years of age." For preschool programs that fall under the authority of the Department of Children, Youth and Families (DCYF), see WAC 110-300-0220 and WAC 110-300-0221 and ECEAP Performance Standards.

It is not the responsibility of the child to be ready for school. It is the responsibility of adults, and schools, programs, and systems to be ready to support each child. Schools and educators should welcome all students in an inclusive, welcoming, and culturally responsive manner.

Most students have achieved voluntary urinary control before they begin school but up to 12% of children between the ages of 6–12 years and 1–3% of students between 15–17 years may experience daytime wetting (Rivers, 2010). Accidental wetting or soiling is a fact of life in early childhood settings. Some students with developmental delays may not be independent in toileting upon entering the K–12 school setting. Additionally, students without known disabilities may not have established independence in toileting by kindergarten or first grade.

Young children's ability to control their bladders is impacted by their engagement in play or learning, anxiety, privacy concerns, and the familiarity, quality, and accessibility of the facilities. Some students ages three and up, when developmentally appropriate, may need support to recognize and act on the urge to void their bowel or bladder. Others may have successfully transitioned to using the toilet but may regress temporarily as a result of the disruption in their routine that occurs when they start or change schools, as well as when they are learning to navigate a new environment and new caregivers.

There are several disabilities and health conditions that may increase an individual's likelihood of experiencing delays in their ability to independently toilet. For example, one Center for Disease Control (CDC) study found that almost half of students with autism exhibit resistance to toileting. This resistance is associated with diarrhea, constipation, language delays, and difficulty with social motivation and cues.

A child without a known disability who does not make progress with toilet training should be considered for evaluation of potential disability, particularly if other concerns such as learning or social difficulty are identified, and after medical issues are ruled out.

PARENT OR GUARDIAN ENGAGEMENT

Family involvement has a positive impact on educational outcomes for all students. Inform parents/guardians when a child has had a toileting accident at school in a non-judgmental manner. If a child is having frequent accidents with bowel or bladder control or comes to school in diapers or disposable training pants, work with the school nurse to communicate with parents or guardians. It is important to rule out medical issues, and collaboratively create a plan for changes and toileting.

For a toileting plan to work, parents, guardians, and caregivers must be actively involved in creating it. Family and student input and buy-in and consistency across environments are vital for success. Families are experts on their students and can bring information about what strategies have already been attempted and which strategies and supports have been most effective. Students learn best when supports are provided consistently and are available across settings.

Obtain written parent/guardian authorization to change diapers or disposable training pants and plan to obtain a change of clothes and diapers/trainings pants to keep at school.

School teams can support parent/guardian engagement and improve students' toileting experiences by:

- Encouraging parents to provide a clean change of clothes for their student, as well as any disposable training pants or diapers needed.
- Providing copies of visual aids used for in-school toileting to support a consistent approach and independence at home.
- Establishing a system for two-way communication with parents or guardians to share student progress and successful strategies.
- Coordinating reinforcement strategies when a student is successful in making progress in their toileting goals.

SCREENING FOR DISABILITIES

Some health conditions and disabilities increase the chances that a child will experience difficulties or delays with achieving independence in toileting or may always require assistance. When a child presents with a lack of bladder or bowel control, it is important to assess the student to rule out medical concerns and disabilities. While a lack of toilet training alone is not considered a disability, it is important to look for a pattern that may indicate a potential health condition or disability. When a child is not toilet trained upon entering school, check with the appropriate staff to determine if the child has an individualized education program (IEP) or 504 plan.

If the child has an IEP or 504 plan, consult with the IEP or 504 team regarding toileting concerns and the implementation of a toileting plan. If there is no IEP or 504 plan, consult with the school nurse for further evaluation. School nurses or teachers may communicate with parents to determine if there are known health concerns or suspected disabilities and refer for medical and educational evaluation if a health concern or disability is suspected.

SPECIAL CONSIDERATIONS

Encopresis

The involuntary passing of stool, or soiling, by students older than four years of age is defined as encopresis. Encopresis may be associated with physiological abnormalities such as spinal cord abnormalities in some students, but is most often related to constipation (NIH). Withholding of stool results in the hardening of fecal mass and expansion of the rectal vault resulting in painful defecation. The child often loses the ability to sense and respond to the urge to defecate. This leads to a vicious cycle. Loose stool (diarrhea) leakage may occur around the fecal mass. This may confuse caregivers. It is important to understand that the child does not have the ability to control the release of stool and may be unaware they are doing it.

A physical examination by a Licensed Health Care Provider (LHCP) is necessary to rule out physiological causes. Work with the school nurse to refer the child to their LHCP and create an Individualized Health Plan (IHP) once a diagnosis is reached. Treatment aims to remedy the underlying constipation and retraining the child to sense the urge to defecate. This often involves laxative therapy, dietary changes, increased hydration, and a toileting schedule. Behavioral strategies like the use of positive reinforcements can increase student success and engagement in following a toileting schedule. For co-occurring behavioral concerns, which occur in up to 30% of children with encopresis, a referral for behavioral health services may be needed. Treatment may take as long as 24 months and requires a patient and consistent approach. Communication with the child's family is essential, as is following the treatment plan at home and school.

Mandated Reporting

All children have a basic right to be safe. Students with disabilities are at a higher risk for sexual abuse (Selekman, 2013). All school personnel are mandated reporters. School staff should be aware of indicators of child abuse and follow the district policy for reporting suspected abuse. Potential indicators of child abuse include a child exhibiting:

- Unexplained bruises, burns, broken bones, or black eyes.
- Conflicting explanations as to how the injury occurred.
- Fading bruises or other marks noticeable after an absence from school.
- Fear of parents/guardians and protests or cries when it is time to go home.
- Shrinks at the approach of adults.
- Reports injury by a parent or another adult caregiver.
- Difficulty walking or sitting.
- Sudden refusal to change clothes for gym or to participate in physical activities.
- Reports nightmares or bedwetting.
- Experiences a sudden change in appetite.
- Bizarre, sophisticated, or unusual sexual knowledge or behavior.
- Becomes pregnant or contracts a sexually transmitted infection, particularly if under age 14.
- Runs away.
- Reports sexual abuse by a parent or another adult caregiver.

See Protecting the Abused and Neglected Child; A guide for Recognizing & Reporting Child Abuse

& Neglect for more information.

Some references in literature identify urinary tract infections (UTIs or bladder infections) as a sign of sexual abuse. UTIs may also be a symptom of urinary reflux or other health conditions that occur in early childhood. Please consult the school nurse about any potential health concerns that may be interpreted as signs of abuse.

Be aware there is a history of racial disproportionality in reporting suspected child abuse and neglect. "Disproportionality exists even though studies have shown that there is no difference between races in the likelihood a parent will abuse or neglect a child" (DCYF, 2013). Please be culturally aware and sensitive and be mindful of implicit biases when experiencing concerns.

STAFFING

It is helpful for school administration to clearly identify staff who can provide diapering and toileting support. All staff members can assist students with any aspect of toileting, such as diapering, changing disposable training pants, and clothing, hygiene, and toilet training. Due to the demands of providing health services to every child in a school, nursing staff are limited in their ability to assist with changing and toileting. A nursing license is not required for diapering or changing students.

The school nurse may be consulted for training, creating a toileting plan, or evaluating if a disability is suspected. Student support needs around toileting are complex and may require the expertise of different educator roles with different types of expertise. For example, an occupational therapist and physical therapist should be consulted for mobility issues, adaptive aids, and transferring heavier students to and from changing tables when needed. Behavioral expertise within a school, such as a school behavior analyst, can be consulted when a student requires behavior support in their toileting plan. As a reminder, for students who have an IEP, school staff should be working and coordinating with the IEP team when supporting a toileting plan. Educators and paraeducators are often the main roles interacting with students and likely to implement a student's toileting plan. Educational Staff Associates (ESAs) like school nurses, school behavior analysts, and physical therapists/occupational therapists can support staff in implementing toileting plans and supporting student progress when additional expertise may be warranted.

It is important for teaching and health staff to understand that assisting students with toileting is an integral part of the role of an educator in supporting students to be ready to learn, to belong, and to be ready for their post-secondary goals. A neutral and accepting attitude about accidents and the use of positive reinforcement creates a safe and supportive environment for students as they learn to establish toileting independence.

Staff should provide and maintain privacy and confidentiality to the greatest extent possible when supporting a student in their toileting plan. However, it is a commonly accepted safety practice to have more than one staff member in the same room or within visual or hearing range to provide support with a toileting plan. Consult your risk management representative for information on protecting the safety of students and school personnel. The toileting plan can outline what level of supervision and support is needed and that can be faded to provide greater privacy and independence as students become more successful in toileting.

There are some risk management best practices when supporting students, educators, and families to feel safe and supported during diaper, disposable training pants, and clothing changes that should be considered:

- It is best practice to have a second staff member present for toilet training. Depending on the environment configuration and student need, this may mean being present within view of the student, in physical proximity, or in hearing range.
- All staff should be prepared to assist with toileting and to promote safety for students and staff.
- School staff should engage in proactive and bidirectional communication with students and parents/guardians so that they understand what support will be provided with toileting, how it will be provided, and who will be assisting the student with toileting.

- Several factors may necessitate enhanced collaboration, transparency, and coordination of support in toileting. For example, if a student is nonverbal, has complex medical needs, or demonstrates a pattern of refusal or unsafe behavior during toileting, request assistance from appropriately qualified ESA staff and the IEP team, if applicable.

LOCATION OF THE CHANGING AREA

The ideal location for toileting support is near the classroom to minimize disruption to learning and time out of the classroom for young students. Pre-K and kindergarten classrooms should have easily accessible toilets and handwashing facilities nearby. WAC 110-300-0220 (6) states: "If a child is developmentally ready, and an early learning provider uses a stand-up diapering procedure, it must be done in the bathroom or a diaper changing area." For older children, a private restroom with a sink for handwashing and adequate space for necessary equipment such as a cot, changing table, or lift, and supplies is optimal. The school health room should be reserved for managing health concerns including first aid, medication administration, medical treatments, and suspected communicable diseases. Such activities should not take place in the changing area. Food and beverages should not be prepared, stored, or consumed in the changing area.

Every effort should be made to provide for privacy for students at any age.

Each school site should establish an alternative location for changing students and determine where students will wait for pick-up/clothing changes without losing valuable instruction time.

Infection Control

Hand washing with soap and water is essential. See Handwashing to Prevent Illness at School.

Follow district protocol for cleaning and disinfecting surfaces. While bleach solutions are often used in childcare and preschool settings, these are not recommended in PreK–12 schools. Consult with facilities manager or custodial services for the appropriate cleaning and disinfecting agents. See Cleaning, Sanitizing, and Disinfecting for Child Cares for information on safer disinfectants and the DOH/OSPI Infectious Disease Control Guide.

Cleaners and disinfecting products must be:

- stored out of reach of students;
- be labeled properly;
- used according to the label instructions, including ensuring sufficient contact, or wet, time;
- have a Safety Data Sheet available.

Supplies

Plan for and communicate who is responsible for providing supplies and where they will be kept. Typically, parents/guardians are expected to provide a change of clothes and diapers/training pants for their child. Schools usually provide other supplies.

Homemade wipes and cleansers are not allowable in schools as the contents are not formally documented. If an allergy or intolerance to commercial products is a concern, warm water may be used for cleaning students. Diaper wipes should be fragrance-free.

TOILET TRAINING

Work with the school nurse, teacher, and parent/guardian to create a toileting plan and schedule. If a student has an IEP, the IEP team will lead the effort to create and support the toileting plan and schedule. Prior to developing and implementing the plan, it is important to assess the level of readiness for toilet training for student and parent/guardian. Patience and consistency are essential for success, as is consistency between school and home.

Factors Indicating Child Readiness for Independence in Toileting

- Awareness of cause and effect.
- Interest in using the toilet or transitioning to underwear or imitating other's toileting.
- Ability to process sensory information: urge to void or defecate, feeling wet or soiled.
- Showing discomfort with wet or soiled diapers or training pants.
- Ability to communicate and follow directions—may be verbal, pictorial, or sign language.
- Ability to stay dry for 1–2 hours.
- Motor skills, including the ability to:
    - Sit for up to five minutes.
    - Pull pants down and up again.
- Comfort with going to and entering the bathroom.

Toileting Plan

A toileting plan should include and address the following components:

- Schedule: Toileting should occur every hour if the child is in the early stages of training and no more than every two hours for children beginning to have success in avoiding accidents.
- Positive reinforcements and rewards for motivating the student.
- The level of assistance and prompting needed for each step of student success.
- Expertise from ESA roles if applicable.
- Proactive responses to anticipated barriers.
- Classroom staff may need to support students with toilet training or a toilet schedule.
- Communication with family or guardians regarding student progress.

An encouraging approach is required to achieve success with toilet training. Offering non-food rewards for sitting on the toilet is effective at increasing the likelihood that students will make progress in the toileting plan. After meals and snacks is a natural time for toileting. A punitive or shaming attitude must be avoided as it may inhibit success. Supporting a child's self-esteem and progress is essential in this process.

See resources at the end of this document for examples of toileting plans.

Sample Procedures for Toilet Training

- Check for wet or soiled pants frequently between toileting. Prompt the child to check themselves for increasing awareness.

- Talk to the child about what you are doing throughout the procedure. A calm, unhurried, and matter-of-fact approach works best. Provide directions in a straightforward manner. Offer praise for trying new skills.
- Reference a visual task analysis for each step while completing if needed.
- Escort the student to the bathroom.
- Wash hands with soap and water.
- Put on gloves.
- Assist the student with clothing if needed, continuing to encourage independence whenever possible. Provide visual/verbal prompts.
- Assist student to transfer onto the toilet if needed. A small steady stool may be helpful.
- Give the student time to sit on the toilet as agreed on in the toileting plan.
- Encourage the student to wipe and assist as needed.
- Encourage the student to put clothes back on and assist as needed.
- Have child wash their hands with soap and water.
- Remove gloves, and wash hands with soap and water.
- Offer agreed-upon rewards per toileting plan.
- Document toileting interventions and student progress.
- Refer to best practice for planning paraeducator support for information on prompt hierarchies and best practices when assigning and fading paraeducator support. This is helpful for all personnel assisting students with prompts.

When providing prompts, use the least intrusive prompt possible to maximize student independence.

SAMPLE DIAPER CHANGE PROCEDURES

Changing Soiled Underwear, Disposable Training Pants, and Clothing

Talk to the child about what you are doing throughout the procedure. Use age-appropriate language.

Gather supplies:

- Changing table liner or pad for the floor
- Disposable gloves
- Disposable fragrance-free diaper wipes
- Clean diaper or pull-up and clean clothes if needed
- Plastic bag for soiled clothes
- Plastic-lined, hands-free covered can

When changing soiled underwear, disposable training pants, and clothing, staff will want to either use a changing table or do a standing change. A changing table may be used to reduce the risk of back injury for employees.

A standing format for changing clothing may work best for older students or students who are safe to stand for changing. If changing a child who is standing:

- Place a liner on the floor for the child to stand on.
- Ensure the child is safe to stand for changing. If the child is unsteady or cannot balance well, use a changing table.
- If able, coach the child to remove pants and disposable training pants independently.
- Have the child hold their shirt up or use clothes pins to secure the shirt out of the way.
- Remove disposable training pants by ripping them at the sides to avoid soiling the child's legs.
- Use disposable wipes to wash the child's diaper area, using a fresh wipe each time you swipe.
- If able, encourage the child to wipe themselves. Place soiled wipes in a plastic-lined, hands-free covered can. Remove gloves and wash hands.
- Assist the child in putting on clean disposable training pants and clothing. Have the child wash their hands with soap and warm water.
- Place soiled clothing in a separate plastic bag and tie it securely for being sent home for laundering. Do not rinse in the toilet or sink.
- Solid feces may be gently dropped into a toilet, taking care to avoid splashing.
- Clean and disinfect the changing surface per district protocol.
- Document diaper change according to procedure.

The use of safety restraints is not reliable and would require cleaning with every use. See the Changing Diapers section.

Always observe universal blood and body fluid precautions.

Changing Diapers

The changing station must not be located in any food preparation area. A sink must be accessible in the same room to allow hand washing immediately after diaper changes. A plastic-lined, hands-free covered can is required near the changing station. Supplies must be within easy reach of the changing table.

Changing Table

If a diapering table is used, it must be sturdy, approximately 28"–32" in height. The surface must be waterproof and without tears, cracks, or peeling. The surface must be easily cleanable. The table must not be used to store items other than those required for its intended purpose.

Note: A child or youth may never be left unattended on a changing table.

The diapering procedure should be posted above the diaper changing area.

Supplies:

- Changing table liner or pad for the floor.
- Disposable gloves.
- Disposable fragrance-free diaper wipes.
- Clean diaper or pull-up and clean clothes, if needed.
- Bag for soiled clothes.
- Plastic-lined, hands-free covered can.

Diaper Change Using a Changing Table

Talk to the child about what you are doing throughout the procedure. Use age-appropriate language.

1. Preparation: Ensure all supplies are in place.
2. Clean the table with soap and water.
3. Put on disposable gloves.
4. Place child on changing table—hold child away from your body while transferring to the table to prevent soiling your clothes.
5. Always keep one hand on the child to prevent falls and never turn your back or step away from the table while a child is on it.
6. Unfasten the diaper on both sides.
7. Have the child raise their buttocks off the diaper if able. If able, encourage the child to wipe themselves with a fresh wipe, front to back. Remove the soiled diaper before the child lower back to the table.
8. For older students with mobility limitations, consult PT/OT for transfer training and adaptive aids. A common procedure is to roll the child on their side, away from you. Make sure there is a barrier (wall) on the other side of the table or cot so the child cannot roll off or have another staff member assist from the other side. Clean the diaper area with a fresh wipe for each swipe, wiping from front to back. If necessary, place the upper leg forward to allow for cleaning. Fold the soiled diaper and tuck the upper edge under the child's side, covering the

soiled part of the diaper. Place the fresh diaper flat on the table, in line with where the old diaper was. Roll the child back towards you, over the soiled diaper, and onto the clean diaper. Adjust the position as needed and fasten the diaper.

9. Put used wipes in a soiled diaper, fold the diaper to cover soiled areas of the diaper and wipes, and discard them in the lined can.
10. Remove gloves and discard them in the lined can.
11. Remove the child from the changing table.
12. Discard the table liner in the lined can.
13. Wash your hands with soap and water.
14. Assist the child in dressing as needed.
15. Have the child wash their hands with soap and water and assist as needed.
16. Clean and sanitize changing table:
    a. Dispose of liner.
    b. Wipe with a paper towel and cleaner to remove visible dirt.
    c. Wet the entire surface with disinfecting solution per district protocol.
    d. Let stand per product instructions and district protocol.
    e. Wipe with a clean paper towel.
17. Wash your hands with soap and water.
18. Document diaper change according to procedure.

Report anything unusual to the school nurse such as:

- Bleeding in the diaper area or in urine or stool or on diaper/disposable pants.
- Loose watery stool.
- Mucus or pus in the stool.
- Clay-colored stool.
- Skin rashes, bruises, or breaks in the skin.

Barrier and Diaper Rash Creams

The Guidelines for Medication Administration in Schools cites the definition of medication by the FDA as "articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; and articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals." Creams with active ingredients used for therapeutic purposes may be considered medications and require an authorization form.

RESOURCES

Toileting Plans

American Academy of Pediatrics: Create a Potty Training Plan for Your Child

Mayo Clinic: Potty Training: How to get the job done

Zero to Three Early Connections: Potty Training: Learning to Use the Toilet

Information and resources for incorporating toileting in IEPs: Toilet Training and Older Kids

Handwashing

CDC: When and How to Wash Your Hands

Diapering and Changing Stations

Planning Checklist for Diapering Stations in Shelters: Applicable to school setting regarding diapering station location and characteristics, supplies, signage, and education.

Washington Department of Health: Resource for infants, the procedure applies to school-age students at How to Change a Diaper.

Visual Aids

Bathroom rules pictorial: bathroom rules.bm2

BM Social Script: Troy's Going Poop Story

Washington State Early Learning and Development Guidelines, Birth through 3rd Grade, 2012

Encopresis

University of Washington: Encopresis

Seattle Children's Hospital: Bowel Management Treatment Program

Early Learning

2023–24 ECEAP Performance Standards (DCYF), P. 9: IA-2 Non-Discrimination (1) Contractors must not deny service to, or discriminate against any person who meets the eligibility criteria for ECEAP based on sex, gender identity, race, ethnicity, color, religion, age, national origin, citizenship, ancestry, physical or mental disability, health, family configuration, sexual orientation, gender expression, culture, veteran status, stages of child development including toilet learning or public assistance recipient status.

Bathroom space and toilet training. WAC 110-300-0220

Diaper changing areas, privacy, and disposal. WAC 110-300-0221

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All students prepared for post-secondary pathways, careers, and civic engagement.

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