

Best Practice Recommendations for the Care and Management of Students with Bowel/Bladder Incontinence

By: Deb Sharpe, OTR, ATP
The University of Vermont Continence Project

The physiological and psychological effects of bowel and/or bladder dysfunction can negatively impact students, especially over time. Understanding the educational challenges and needs of these children is necessary to provide services and supports required by the Individuals with Disabilities Education Improvement Act and Section 504 of the Rehabilitation Act. (1)

Bowel and bladder incontinence, regardless of the etiology, can lead to frustration, anxiety, decreased self-esteem, social avoidance or ostracism, stress and inattention, physical discomfort, family stress and economic burden, reduced inclusion in classroom and academic activities and access to the education program, and increased absenteeism. As a child enters school, the school nurse plays a vital role in managing health concerns and assisting the student to reach educational goals.

Best practice suggests that schools should create and implement a policy surrounding the care and management of bowel and bladder disorders, including delineation of the school nurse role in managing incontinence in the school setting.

In order to appropriately document the child's needs and provide services, the National Association of School Nurses (NASN) and the American School Health Association (ASHA) recommend the development of an individualized healthcare plan (IHP) and an emergency care plan (ECP). These plans are developed by the school nurse and outline school-based health services provided to the child, personnel responsible for management of the plans, and any emergency procedures needed. When a student is found eligible for service under IDEA or Section 504, the IHP and ECP should be included in their Individualized Education Plan or 504 accommodations plan.

When a child's health condition has a significant impact on bowel and/or bladder continence, the need for personal care accommodations may be significant and include any of the following:

Attendance and Scheduling Accommodations

- adjust attendance policies
- adjust schedule of staff assisting child with personal/health care needs
- adjust student's schedule or shorten day
- provide rest periods

Health and Personal Care Accommodations

- provide assistance in the bathroom, including changing and cleaning when necessary
- develop an individualized healthcare plan
- develop an emergency plan
- administer medications
- evaluate school environment for latex and eliminate/ provide latex-free materials,
- use universal precautions
- provide trained personnel to perform health care procedures
- establish health alert systems for staff
- provide beepers/pagers/cell phones to alert trained personnel

Continence Plan Accommodations

- staff and caregivers understand the student's level of continence,
- collect and report data
- maintain toileting schedules

- adhere to established behavior plans
- provide visual and other communication supports
- plan ahead for field trips
- provide appropriate bathroom space
- store continence supplies and clothing changes
- plan for accidents
- manage soiled materials
- support the student's privacy and dignity
- develop a plan to respond to questions
- adhere to principles of student self-determination when setting goals and creating continence plans)

Vermont is a state of local control in the education setting. Each school/district should outline a policy and guidelines for managing the health and hygiene care of a student with bowel and/or bladder incontinence. Policies should address the staffing needs to accomplish personal care in a manner that insures the dignity and respect of the student as well as protecting the staff involved in providing the direct personal care, which may involve changing, personal/genital cleaning and hygiene, and/or showering). Plans would include identification and training of staff involved in providing care, arranging for a clean, private bathroom area with changing facility and storage of continence supplies, and parental consent to the plan (*see sample consent form below). For personal care provided to non- or partially-ambulatory students, staff should receive instruction in proper body mechanics (by school nurse, physical or occupational therapist or another qualified individual) and adhere to these when transferring or assisting the student in the bathroom.

Resources

For additional information around developing policies and guidelines to support students experiencing continence issues, school personnel may access the following resources:

1. [J Sch Nurs](#). 2012 Jun;28(3):175-80. doi: 10.1177/1059840511429685. Epub 2011 Dec 1.

Managing encopresis in the elementary school setting: the school nurse's role. [Garman K](#)¹, [Ficca M](#).

2. Position Paper on Chronic Health Conditions - National Association of School Nurses rev. Jan 2012

(<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatements>)

3. Educational needs and accommodations for children with bowel and/or bladder dysfunction

Hollie Gabler Filce and Leslie Lavergne: The University of Southern Mississippi

(<http://files.eric.ed.gov/fulltext/EJ955441.pdf>)

4. The Vermont Standards of Practice: School Health Services manual

(http://healthvermont.gov/local/school/SchoolHealth-Standards_of_Practice.aspx)

For consultation and training around setting up toilet-learning programs and accommodations, please contact [The Vermont Continence Project](#).