

District Diapering and Toileting Plan

Belfast Central School District

Adopted: October 13, 2026

Purpose and Guiding Principles

This plan establishes districtwide procedures for safe, sanitary, accessible, respectful, and developmentally appropriate diapering and toileting support. It applies to every student who needs assistance, whether the need is routine, temporary, intermittent, related to age or development, or connected to a disability, medical condition, sensory need, communication need, or other individual circumstance.

Flexibility is central to implementation. Staff will not apply a single schedule, level of assistance, location, product, communication method, or toilet-learning approach to every student. Support will be based on the student's current abilities and needs, family input, health information, and, when applicable, the student's Individualized Education Program, Section 504 Plan, health plan, behavior support plan, or other documented plan. Changes may be made promptly as needs change, while maintaining health, safety, privacy, supervision, and the student's right to participate in school.

- Protect each student's dignity, privacy, bodily autonomy, and access to instruction.
- Use the least intrusive level of assistance and supervision that safely meets the student's needs.
- Build independence without withholding needed assistance or using shame, punishment, pressure, or exclusion.
- Use neutral, respectful, age-appropriate language and honor the student's communication system and cultural context.
- Treat diapering and toileting information as confidential student information and share it only with personnel who need it to provide services or maintain safety.
- Never deny enrollment, attendance, field-trip participation, or access to school programs solely because a student needs diapering or toileting assistance.

This plan is intended to satisfy 8 NYCRR 136.10 and should be implemented together with applicable district policies, collective bargaining agreements, infection-control procedures, emergency plans, and the requirements of the Individuals with Disabilities Education Act, Section 504, the Americans with Disabilities Act, and the Family Educational Rights and Privacy Act, as applicable.

1 Staff Roles and Responsibilities

Responsibility	Designated role
Coordinate district implementation, approve procedures, and ensure the plan is available upon request.	Superintendent or designee
Coordinate building implementation, assign trained personnel and alternates, protect instructional time, and address staffing or facility concerns.	Building principal or designee

Responsibility	Designated role
Advise on health-related needs, infection control, skin concerns, medical plans, and staff health-and-safety training.	School nurse
Assist directly, using the student's documented routine and only after receiving required training.	Assigned teacher, teaching assistant, teacher aide, nurse, or other appropriately trained employee
Address disability-related needs, accommodations, goals, adaptive equipment, positioning, communication, and related-service input.	CSE or Section 504 team and relevant service providers
Clean and disinfect facilities according to district procedures and product directions; monitor routine facility supplies.	Custodial staff
Provide current information, preferred products when individually selected, spare clothing when feasible, and timely updates about changes in the student's needs.	Parent or person in parental relation, in partnership with the district

Assignment flexibility. The principal or designee will identify primary and backup staff based on the student's needs, staff training, scheduling, location, and privacy. A student will not be left without needed assistance because a particular employee is absent. The district retains responsibility for providing required care; a family's inability to provide supplies or clothing will not result in exclusion or delayed assistance.

Student participation and consent. Staff will explain each step in an understandable manner, provide reasonable choices when possible, allow adequate response time, and observe verbal and nonverbal signs of discomfort or refusal. Staff will pause and reassess whenever safe to do so. Urgent health or safety needs will be addressed using the least intrusive safe response, followed by notification and review when appropriate.

2 Designated Areas and Supplies

Locations

Assistance will occur in a restroom, health office, classroom restroom, or other designated accessible space that provides privacy, sufficient room, a cleanable surface, safe access to handwashing, and appropriate disposal. The location may vary by student, activity, mobility, equipment, urgency, age, and level of independence. When a routine location is temporarily unavailable, staff will use the nearest appropriate alternate space identified by the building principal or nurse.

- Doors, privacy curtains, or partitions will be used in a manner that protects privacy while permitting the level of supervision required by the student's plan.
- Care will not occur in public view or on floors, desks, food-preparation surfaces, or other unsuitable locations.
- A changing surface, when needed, will be stable, appropriately sized, nonabsorbent, and disinfected before or after use as required by district procedure.
- Students will use an accessible toilet, step stool, potty seat, changing table, transfer aid, or other adaptive equipment when identified as safe and appropriate. Staff will not use lifting or transfer techniques for which they have not been trained.

Supplies

District routinely maintains	Student-specific or family-selected items
Toilet paper; liquid soap; paper towels or hand dryer; disposable gloves; approved disinfectant; wipes when appropriate; lined receptacles; plastic bags for soiled clothing; backup diapers or pull-ups in commonly needed sizes; and limited emergency clothing.	Preferred diapers or pull-ups, wipes, creams or ointments authorized under district medication procedures, adaptive clothing, communication supports, sensory supports, and specialized equipment or supplies identified in the student plan and supplied by the family.
The classroom personnel, nurse, and custodial staff monitor stock and replace items before supplies are depleted.	Families will be notified when individual supplies are low. The district will use safe backup supplies and contact the family when preferred items are unavailable or cause a concern.

All supplies will be stored safely and labeled or separated as needed to prevent cross-contamination. Soiled clothing will be placed in a sealed bag and sent home; staff will not rinse soiled clothing at school. Diapers and other waste will be discarded in a lined, covered receptacle consistent with district sanitation procedures.

3 Standard Care Procedure

The sequence below is the district's standard routine. Staff may adjust the order or details to meet a student's documented needs, the physical setting, or an urgent situation, provided that privacy, hygiene, supervision, and safety are maintained.

Step	Procedure
Prepare	Confirm the student's plan and communication method; gather supplies; check that the area is safe and private; arrange coverage for other students; wash hands and put on gloves when contact with bodily fluids is anticipated.
Communicate	Tell the student what will happen, offer reasonable choices, and encourage the student to complete each step independently to the extent safely possible.
Assist	Provide only the help needed. Use trained positioning or transfer methods, wipe from front to back, change gloves if contaminated, and monitor skin or health concerns without conducting an unnecessary examination.
Dress and wash	Help the student dress, dispose of waste, support thorough handwashing, and return the student to instruction promptly and discreetly.
Clean	Clean and disinfect the changing surface and contacted fixtures according to product directions; remove gloves; wash hands; and restore supplies.
Document and communicate	Record only information required by the student's plan or needed for health and safety. Promptly report unusual stool or urine, pain, bleeding, rash, injury, repeated

Step	Procedure
	accidents, suspected illness, supply concerns, or a significant change from the student's baseline to the nurse and family as appropriate.

Creams, ointments, medicated products, catheterization, bowel or bladder programs, or other nursing or health services will be handled only in accordance with written medical orders, district medication procedures, applicable scope-of-practice requirements, and the student's health plan.

4 Supervision and Staffing

Supervision will be direct, indirect, or a planned combination based on the student's age, developmental level, communication, mobility, judgment, health risks, elopement risk, privacy skills, and demonstrated independence. Staff will preserve privacy without leaving a student unsafe.

- Direct supervision may include remaining in the room and providing verbal, visual, physical, positioning, transfer, or hygiene assistance.
- Indirect supervision may include waiting immediately outside, checking at planned intervals, remaining within hearing distance, or using another documented method that protects privacy.
- A student who can toilet independently may do so without unnecessary adult presence. Increased support may be temporary and reduced as skills improve.
- One trained adult will ordinarily assist. A second trained adult will be used when required by the student's documented plan, a safe transfer or positioning procedure, an immediate safety risk, or another individualized circumstance. Two adults are not automatically required for every student.
- Classroom ratios and supervision will be maintained through a trained backup employee, temporary coverage, scheduling adjustments, or relocation of the group. Staff will not leave other students unsupervised to provide care.
- During transportation, field trips, extracurricular activities, emergency relocation, or other nonroutine settings, the case manager or administrator will plan in advance for accessible facilities, supplies, trained staffing, privacy, and reasonable timing.

Individual Student Support Plan

An individualized written support plan will be developed when a student needs recurring hands-on assistance, specialized equipment or procedures, a nonstandard supervision arrangement, predictable health or safety supports, or coordinated staff and family communication. For occasional accidents, staff may use the standard procedure without a separate plan unless the team determines that one is needed.

Plan element	Flexible considerations
Routine and timing	Scheduled opportunities, student-initiated requests, visual or verbal prompts, transition-based routines, response to accidents, and flexibility for illness, medication, menstruation, hydration, or changes in schedule.
Assistance and privacy	Independent steps; prompting hierarchy; direct or indirect supervision; preferred staff when feasible; gender or cultural considerations; doors, curtains, and positioning; language used with the student.

Plan element	Flexible considerations
Access and equipment	Accessible location; clothing adaptations; changing surface; step stool or potty seat; transfer method; mobility supports; sensory supports; disposal method.
Communication	Words, signs, device messages, visuals, gestures, behavioral cues, choice-making, processing time, and how staff will respond to assent, distress, or refusal.
Health and safety	Allergies and sensitivities; skin care; constipation or diarrhea concerns; seizure, fall, elopement, lifting, transfer, or infection risks; when to involve the nurse or seek emergency assistance.
Staffing and continuity	Primary and backup staff; training required; classroom coverage; substitute directions; field-trip and emergency arrangements.
Documentation and review	What must be recorded, who receives routine updates, triggers for immediate contact, progress toward independence, and review dates.

The plan will be developed with the parent or person in parental relation and, when appropriate, the student, nurse, classroom staff, special education or Section 504 team, and related-service providers. If the support is necessary for the student to receive a free appropriate public education or equal access, it will be incorporated into or aligned with the student's IEP or Section 504 Plan through the appropriate team process. The plan may be revised whenever needs change; staff will not wait for an annual review when an adjustment is needed for safety, dignity, access, or independence.

5 Training and Education

Before providing hands-on assistance, assigned and backup staff will receive training appropriate to their responsibilities. The school nurse, administrator, qualified service provider, or other competent trainer will provide or coordinate training and document completion. Training will be refreshed annually and whenever procedures, equipment, assignments, or a student's needs materially change.

- Standard precautions, hand hygiene, glove use, cleaning and disinfection, waste handling, exposure response, and procedures for soiled clothing.
- Student dignity, privacy, trauma-sensitive care, bodily autonomy, respectful language, cultural responsiveness, and developmentally appropriate toilet learning.
- The district procedure and the student-specific plan, including communication, prompting, supervision, documentation, and family notification.
- Safe use of adaptive equipment and any required positioning, lifting, or transfer technique, taught by qualified personnel.
- Recognition of concerns requiring nurse review, medical follow-up, emergency assistance, or mandated reporting.
- Confidentiality and the limited, factual documentation of personal-care information.

Staff will request assistance whenever the situation differs from training or the student's plan, needed equipment is unavailable, a safe transfer cannot be completed, the student shows unusual distress, or a health or safety concern arises. No employee will improvise a specialized health procedure or unsafe lift.

6 Family Communication and Involvement

The district will make this plan available to parents and persons in parental relation upon request and may post it on the district website or provide it through the main office, school office, or health office. Upon enrollment or identification of a recurring need, the school will invite the family to share information needed to provide safe, consistent, and respectful support.

- Communication may occur by phone, secure electronic message, meeting, home-school log, or another mutually workable method. The method and frequency will reflect the student's needs; routine updates need not be identical for every student.
- Families will receive prompt notice of significant health concerns, injury, exposure, an unusual pattern, repeated lack of needed supplies, or a material departure from the plan. Minor routine care will be communicated at the frequency agreed upon in the student plan.
- Information will be provided in the family's preferred language and accessible format when required. Qualified interpretation or translation will be arranged; students will not be used as interpreters for sensitive care discussions.
- The district will consider family terminology, routines, cultural or religious practices, product preferences, and requests regarding privacy or staff assignment when safe, feasible, lawful, and consistent with the student's educational access.
- Disagreements will be addressed promptly through collaborative problem-solving with the teacher, nurse, principal, and, when applicable, the CSE or Section 504 team. Needed care will continue safely while concerns are resolved.

7 Documentation Confidentiality and Review

Records will be limited to information needed to implement the plan, monitor health or progress, communicate with the family, or meet legal requirements. Entries will be factual and respectful. Routine records may note time, type of assistance, relevant observations, supplies needed, and notifications made. Records will be maintained and disclosed in accordance with district record-retention and confidentiality requirements.

The building principal or designee will review implementation at least annually and after a significant incident, identified pattern, facility change, or regulatory update. The review will consider staffing coverage, training completion, supply availability, accessibility, privacy, family feedback, and whether student-specific supports remain appropriate. The Superintendent or designee may revise operational procedures as needed, with Board action obtained when required by district policy or law.

Appendix A Individual Student Diapering and Toileting Support Plan

Complete only when recurring or individualized support is needed. Attach to or align with the student's IEP, Section 504 Plan, health plan, or other school plan when applicable.

Plan field	Individualized information
Student / grade / classroom	
Plan start date / review date	
Family contacts and preferred communication method	

Plan field	Individualized information
Student strengths and steps completed independently	
How the student communicates need, assent, discomfort, or refusal	
Usual routine and flexible timing cues	
Level of assistance and prompting sequence	
Direct or indirect supervision and privacy arrangement	
Location, equipment, positioning, transfer, and accessibility needs	
Products, allergies, sensitivities, skin care, or medical directions	
Health and safety concerns; when to contact nurse, family, or emergency services	
Documentation and family-update expectations	
Primary staff / trained backup staff / classroom coverage	
Field trip, transportation, extracurricular, and emergency arrangements	
Independence goals, if appropriate, and indicators for reducing or changing support	

Family input received from: _____ Date: _____

Student input received when appropriate: _____ Date: _____

Staff responsible for implementation: _____

Administrator/designee approval: _____ Date: _____

Appendix B Staff Implementation Checklist

- I reviewed the district plan and the student-specific plan, when applicable.
- I completed the training required for my assigned responsibilities.
- I know the primary and alternate locations, supplies, and classroom-coverage process.
- I understand the student's communication method, level of assistance, supervision, privacy, health, and safety needs.
- I know when and how to contact the nurse, administrator, family, or emergency services.
- I will report needed changes rather than continuing a procedure that is unsafe, ineffective, unnecessarily intrusive, or inconsistent with the student's current needs.

Employee: _____ Signature: _____ Date: _____

Trainer / reviewer: _____ Signature: _____ Date: _____