

POLICY ON DIABETES MANAGEMENT
TOWN OF GLASTONBURY

Town Programs

The Town of Glastonbury (the Town) is committed to making its programs and activities available on a nondiscriminatory basis, including to children with disabilities, as required under Title II of the Americans with Disabilities Act (ADA). In accordance with the ADA and its implementing regulation, the Town will make reasonable modifications to its policies, practices or procedures when such modifications are necessary to avoid discrimination on the basis of disability, unless the Town finds that making such modification would fundamentally alter the nature of the service, program, or activity.

The Town recognizes that children with insulin-dependent diabetes who participate in the Town's programs may require assistance with diabetes management. The management regime of every child with diabetes may be different and, for this reason, one policy cannot dictate the particular protocol for all individuals.

The Town affirms that successful participation of the children and accommodation of the children's needs depend on an actively cooperative relationship and ongoing communication between the parent/guardian of the child and the Town.

A. Town's Responsibilities

1. Individualized Assessment and Reasonable Modification

When registering for a particular program, a parent/guardian should print/complete a copy of this Policy, a Diabetes Management Plan Form (Attachment A) and an Authorization for the Administration of Medication Form (Attachment B), also available on the Recreation Department website.

Within a reasonable amount of time, but in most cases no less than two weeks prior to the first day of the program, the Town will make an individual assessment of the needs of each child with diabetes on a case-by-case basis and will work with families to provide reasonable modifications in accordance with this policy and applicable laws. To this end, the Town will assess the level of assistance or supervision that is reasonable based upon the situation and will provide whatever assistance is appropriate and consistent with the Diabetes Management Plan (Attachment A). The Town may request additional information or guidance from the child's health care provider or parent/guardians, as necessary.

If an agreement cannot be reached for the Town to either provide reasonable modifications consistent with the prescribed regimen as set forth in the child's Diabetes Management Plan or an equally effective modification appropriate to the child's individual needs, the Town will notify the parent/guardian of its final determination. The determination will document which modifications the Town will provide and which modifications it will not provide, demonstrating that the modification not provided would fundamentally alter the nature of its service, program, or activity. At any time, the parent/guardian may file a formal appeal with the Town Manager.

Reasonable modifications may include, but are not limited to, providing the services of a trained professional to (1) queue children that are taking self-administered medication such as by notifying a child that it's time to take a medication (2) administer blood glucose monitoring tests, (3) operate an insulin pump, (4) administer an insulin injection (5) administering fast-acting carbohydrates, and (6) administering glucagon while a child with diabetes participates in any program, whether on Town premises or elsewhere while attending the Town's programs.

Notwithstanding the forgoing, in all cases the Town will allow the parent/guardian or authorized agent to enter the Town's premises to monitor the child's blood glucose levels and take appropriate action in response to those levels. The Town will also allow the child to monitor his or her own blood glucose levels and take appropriate action, when the child's parent/guardian has provided the Town with the written authorization to do so.

If the child self-identifies, or staff recognizes symptoms of hyperglycemia or hypoglycemia, the Town staff will assist the child to check blood sugar and treat the symptoms, and take steps reasonably consistent with the Diabetes Management Plan.

2. Training

In accordance with applicable law, if a child with diabetes applies for any session or program, and if requested by a parent/guardian, the Town will arrange for a qualified health care professional to provide basic training to appropriate personnel. The basic training will include a general overview of diabetes and typical health care needs of diabetics, recognition of common symptoms of hypoglycemia and hyperglycemia, and will discuss ways to get help quickly.

The Town will arrange for staff working directly with a child with diabetes to receive training that enables the Town to provide all care required to comply with applicable law, if requested by the parent/guardian. The training will include an overview of diabetes, general information on how to recognize signs and symptoms of hypoglycemia and hyperglycemia, and diabetic care practices related to glucose monitoring and regulating glucagon and insulin administration, including by insulin pump and injection. In addition, depending on the unique needs of the child, training may include information about dietary requirements for individuals with diabetes and training and guidance from parents or guardians of children about any reasonable modifications needed by a child as identified in each child's Diabetes Management Plan. Parents or guardians must provide information and training necessary for staff to be trained with regard to any unique needs of their child.

B. Parent's/Guardian's Responsibilities

Within twenty (20) business days prior to the beginning of any program, the parent/guardian of a child with diabetes will provide the Parks and Recreation Department the following:

- (1) a completed Diabetes Management Plan form, legible and in easy to understand terms, detailing any and all care necessary for the child's management, which is signed by the child's health care provider and signed by the child's parent/ guardian to permit the Town to undertake steps indicated on the Diabetes Management Plan form (Attachment A);
- (2) an Authorization for the Administration of Medication Form (Attachment B); and
- (3) a signed general release, if applicable.

For children currently attending a camp program who would require treatment for diabetes for the first time during any session, the parent/guardian must immediately submit the completed Diabetes Management Plan as set forth above, and comply with the remaining aspects of this Policy with sufficient time to allow the Town to make good faith efforts for continuation of the program consistent with this policy.

The parents/guardian will be available at the request of the Town to attend and participate on the first day of the program with the child and, if deemed necessary by either party, to attend a run-through prior to the first day, and to continue to meet with and advise the staff working with the child about proper diabetes care.

The parent/guardian will be available by phone or have other emergency contacts (which may include the child's health care provider) available by phone each day that the child is participating in a program to answer questions regarding the child's management of diabetes care and to approve particular actions related to proper care, when necessary.

The parent/guardian will provide specific information and training about the child's diabetes and particular needs related to diabetes care to the Town, and will permit the child's personal health care providers to share information with staff and other health care personnel when necessary to assure the child's safety and compliance with the child's Diabetes Management Plan.

The parent/guardian will promptly inform the Town of relevant changes in the child's health status.

The parent/guardian will provide, along with instructions about proper maintenance or use of all items, all supplies and equipment necessary for the child's safe participation in all activities. Should the instructions require a child that is self-administering medication to be reminded that it's time to take a medication, the Town will remind the child to do so. The parent/guardian will provide and properly maintain all supplies and equipment for the child's diabetes and assist with proper disposal of equipment and supplies. Children may carry their own medical supplies and snacks in a safe fashion that meets local code or safety standards for the care and disposal of medical supplies so that these supplies are in close proximity to the child. When the child cannot hold these supplies, the supplies will be held at the administrative office, health office, or by a staff member on-site with the child.

As applicable, the parent/guardian will furnish all appropriate meals and snacks that are not regularly provided by the Town and that are necessary to meet the child's needs. The parent/guardian will also ensure that the carbohydrate content falls within the proper amounts set forth in the Diabetes Management Plan so that the totals will be predetermined and calculated by the parent/guardian. Carbohydrate values will be calculated and provided on labels on each food item provided by the parent/guardian so that the staff may monitor the appropriate use of insulin and insulin pumps or other equipment to administer insulin.

The parent/guardian will check the child's blood sugar levels each morning before the child arrives at camp to ensure they are within the established "target range" in the child's Diabetes Management Plan.

If you have any questions about this policy, please contact the Director of Parks and Recreation at 860-652-7687.

Adopted: January 9, 2017

GLASTONBURY PARKS & RECREATION DEPARTMENT

DIABETES MANAGEMENT PLAN – AUTHORIZATION FOR DIABETES CARE

Child’s Name _____ Effective Dates: _____

Date of Birth: _____ Grade: _____ Date of Diagnosis: _____

Physical Condition:

Parent/Guardian’s Name: _____ Address: _____

Parent/Guardian’s Phone: Home: _____ Work: _____ Cell: _____

Parent/Guardian’s Name: _____ Address: _____

Parent/Guardian’s Phone: Home: _____ Work: _____ Cell: _____

Emergency Contacts (Other than the Parents/Guardian):

1. Name: _____ Address: _____

Home Phone: _____ Town: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Relationship: _____

2. Name: _____ Address: _____

Home Phone: _____ Town: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Relationship: _____

Health Care Provider Information:

Physician’s Name: _____ Address: _____

Phone: _____ Town: _____ Zip: _____

Recommended Monitoring of Child: _____

Can child perform own monitoring? _____ Yes _____ No Exceptions: _____

Identify the type of meter, monitor, nebulizer, applicator, needle, pump or any other devices necessary for the child’s Diabetes Management Plan (include model & instruction booklet): _____

DIABETES MANAGEMENT PLAN – DAILY NOTIFICATION

What signs does the child demonstrate when symptomatic: _____

Foods to avoid, if any: _____

Exercise & Sport Limitations: _____

Additional Comments relative to the Care as needed:

This Diabetes Management Plan has been approved by:

Physician/Health Care Provider

_____/_____/_____
Date

I give permission to the Town to perform and carry out the care tasks outlined in the Diabetes Management Plan. I also consent to the release of information contained in this Diabetes Management Plan to all staff members and other adults who have custodial care of my child, such as Emergency Contacts and those who may need to know this information to maintain my child's health and safety. The Town reserves the right to request additional documentation after review of the information contained in this document.

Parent/Guardian's Signature _____

Date _____/_____/_____

DIABETES MANAGEMENT PLAN – DAILY NOTIFICATION

Child's Name: _____ Date _____/_____/_____

Results of Blood Glucose Tests

TIME	RANGE OF TEST RESULT	ACTION TAKEN

OTHER INFORMATION: _____

_____	_____	_____/_____/_____
Name of Staff Person	Signature	Date
_____		_____/_____/_____
Parent/Guardian Signature		Date

COMMENTS: _____

GLASTONBURY PARKS & RECREATION DEPARTMENT

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

While the Town requests authorization to provide medication in case of emergency, the Town shall take appropriate measures to respond to a medical emergency involving a child including, but not limited to dialing 911 and providing emergency care on-site within the scope of training of staff. The Town will not withhold emergency care.

If your child is on medication or requires medication in the event of an emergency, parents **MUST** provide the following information.

1. The authorized prescriber must complete the Authorized Prescriber's Order (Section 1) of the "Authorization for the Administration of Medication" form attached.

THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED

2. The parent/guardian must complete the Parent/Guardian Authorization (Section 2) of the "Authorization for the Administration of Medication" form attached.

THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED

3. A child may only Self-Administer medication with written authorization of the Authorized Prescriber and the Parent/Guardian.

THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE SELF-ADMINISTERED

Parents will be asked to provide program staff with pre-measured dosages of the prescribed medication. Medication must be in the original container and labeled with the child's name, name of medication, directions for medication's administration and date of the prescription.

All unused medication will be destroyed if not picked up within one week following the end of the program.

POLICY FOR CHILDREN WITH FOOD ALLERGIES:

- The primary safeguard for a child with food allergies is for the child to consume only food/snacks that he/she bring to the program each day.
- Staff will enforce strict no food trading/sharing rules. Table surfaces will be washed clean and children will wash their hands after snack/food.

Parent/Guardian is required to instruct their child with a food allergy not to touch, trade or share food with anyone else.

- The completed "Authorization for the Administration of Medication" form is **REQUIRED**. Staff is not certified to administer Epi-pens, but will use the instructions to **ASSIST THE CHILD** in an emergency if necessary.

So that the program staff may be prepared to handle an emergency situation, the form must be on file **BEFORE** your child attends.

RETURN FORM AND INFORMATION TO THE PARKS & RECREATION OFFICE - PRIOR TO THE START OF THE PROGRAM! MEDICATION CAN BE BROUGHT ON THE FIRST DAY OF THE PROGRAM.

If you have any questions, contact the Parks & Recreation Office at 860-652-7679.

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Parents/Guardians requesting medication administration to their child shall provide the program with the appropriate written authorizations(s) and the medication before any medications are administered.

All medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription.

1. AUTHORIZED PRESCRIBER'S ORDER (Physician, Dentist, Optometrist, Physician Assistant, Advance Practice Registered Nurse)

Name of Child, Date of Birth, Date, Address of Child, Town, State, Zip Code, Medication Name/Generic Name of Drug, Controlled Drug? Yes/No, Condition for which drug is being administered, Specific Instructions for Medication Administration

Dosage, Method/Route

Time of Administration, If PRN, frequency

Medication shall be administered: Start Date, End Date

Relevant Side Effects of Medication, None Expected

Explain any allergies, reactions to/negative interactions with food or drugs

Plan of Management for Side Effects

Prescriber's Name/Title, Phone Number

Prescriber's Address, Town, State, Zip Code

Prescriber's Signature, Date

2. PARENT/GUARDIAN AUTHORIZATION

- I request that medication be administered to my child as described and directed above.
I hereby request that the above medication be administered by Parks & Recreation personnel and I give permission for the exchange of information between the Prescriber and Parks & Recreation personnel as necessary to ensure the safe administration of this medication.
I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.

Parent/Guardian Signature, Relationship, Date

Parent/Guardian's Address, Town, State

Home Phone, Work Phone, Cell Phone

3. SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian.

Prescriber's authorization for self-administration: Yes/No, Signature, Date

Parent/Guardian authorization for self-administration: Yes/No, Signature, Date

Today's Date, Printed Name of Individual Receiving Written Authorization and Medication, Title/Postion, Signature