

AB 2042

Childcare Anaphylaxis Prevention Act



SUMMARY

Assembly Bill 2042 will enact “Elijah’s Law” that will create guidelines and procedures for childcare centers in order to assure staff receive training on how to prevent, identify and respond to anaphylaxis.

BACKGROUND

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Food allergies are the most common cause of anaphylaxis outside the hospital setting and this emergency medical condition can occur within seconds-or-minutes of exposure. Furthermore, the rate of anaphylaxis is higher in children ages 0-to-4 than in any other age group. According to recent studies, this dynamic has resulted in an exponential growth of health care claims attributed to anaphylaxis (approximately 316% increase from 2007-2016).

Anaphylactic events lead to approximately one in five children with a food allergy reporting one or more allergy-related emergency room visits in the previous year. Recognizing anaphylaxis can be hard to identify in infants and toddlers (as they often respond differently to allergens and they cannot describe their symptoms compared to older children), it is imperative that special considerations be in place for childcare providers understanding the important role they play in the health and well-being of the children in their care.

PROBLEM

In 2017, three-year-old Elijah Silvera tragically passed away after he had an anaphylactic reaction after taking a bite of a grilled cheese sandwich as his daycare. Elijah’s parents informed staff at the daycare of Elijah’s food allergies and provided necessary documents, medication and instructions for handling a food allergy emergency. However, staff was not trained in identifying signs of anaphylaxis.

SOLUTION

AB 2042 will require every childcare provider to have a comprehensive anaphylaxis plan in place by 2023 and re-evaluated every three years including, but not limited to:

1. Anaphylaxis prevention through screening and identification of children with allergies,
2. Training program for personnel and volunteers to prevent, recognize, and respond to food and other allergic reactions and anaphylaxis,
3. Strategies to reduce risk of exposure to allergic triggers and care coordination for a suspected anaphylactic event, and
4. As anaphylaxis must be treated right away to provide the best chance for improvement and prevent serious, potentially life-threatening complications, childcare providers will have the option to have immediate access to and training to administer the first line treatment of anaphylaxis (i.e., appropriate weight-based dosage of an epinephrine auto-injector).

AB 2042 will increase awareness for the signs and symptoms of anaphylaxis and ensure the health and well-being of the 976,000+ California children cared for in the 13,000+ day care settings throughout the state.

SUPPORT

Elijah-Alavi Foundation
Natalie Giorgi Sunshine Foundation
Asthma and Allergy Foundation of America
Allergy and Asthma Network

CARLOS VILLAPUDUA
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