Position Statement on House Bill 928, Printer's Number 1979

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Position

Recognizing the importance of epinephrine delivery systems, as a type of safety-net device when 8 percent of children have a food allergy,[1] protecting child and staff health and safety in an early care and education program is important. Having stock epinephrine available can protect child health and safety in an early care and education program. Child care facilities already have the ability to acquire, stock a supply and administer epinephrine delivery systems in Title 35, Section 5503. House Bill 928 would require child care facilities to acquire and stock a supply if funding is available through the Department of Health. The Pennsylvania Association for the Education of Young Children (PennAEYC), Trying Together, and First Up support House Bill 928, PN 1979 provided adequate funding is available through the Department of Health.

Bill Summary

House Bill 928 amends the Title 35 (Health and Safety) Section 5503 to require child care facilities to acquire and stock epinephrine delivery systems if funding is designated to the Department of Health (DOH).

As amended, a definition for "day-care facility" and "epinephrine delivery system" was added. Health care practitioners can already prescribe and pharmacists and health care practitioners can already dispense epinephrine delivery systems in the name of a child care facility. The bill, as amended, requires child care facilities to acquire and stock epinephrine delivery systems, based on the funding being designated to the Department of Health (DOH).

The bill outlines requirements regarding the storage of epinephrine delivery systems, which remain the same as current practices. The bill maintains current requirements of a child care facility to designate employees or agents who have completed the required training to be responsible for the storage, maintenance, control and general oversight of epinephrine delivery systems acquired by the child care facility.

The bill maintains that the employee, agent or other individual associated with the child care facility who has completed the training may use epinephrine delivery systems for the immediate administration to any individual, the parent, guardian or caregiver of the individual, who they believe, in good faith, is experiencing anaphylaxis, regardless if they have a prescription or a diagnosed allergy.

As amended, the bill requires each employee or agent of the child care facility to complete the anaphylaxis training as required by DOH. The bill maintains that the required training by the DOH must be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment, a health care practitioner employed by the child care facility or an entity or individual approved by DOH. As amended, the training must be conducted in English, Spanish and any other language deemed appropriate by the DOH. The training can be conducted online or in-person and at a minimum must cover the following, as amended:

1. How to recognize signs and symptoms of severe allergic reactions in children and adults, including anaphylaxis;

[1] https://education.aaaai.org/anaphylaxis-urticaria-and-angioedema/stock-epi

2. Standards and procedures for the storage and administration of epinephrine delivery systems; and
3. Emergency follow-up procedures.

The bill requires that DOH, in consultation with the Department of Human Services, develop, within 90 days, informational materials for child care facilities to distribute to a parent or guardian of a child in the facility's care. The informational materials must include the signs and symptoms of allergic reactions, including anaphylaxis, the requirements for prescribing and dispensing epinephrine, the requirements on the supply of epinephrine delivery systems, the requirements on the storage of epinephrine delivery systems, the use of epinephrine delivery systems and the anaphylaxis training program. As amended, the requirements to include any emergency treatment procedures to be followed if an incident occurs and any food allergy policy the child care facility has in place, including a plan specific to a child are removed. Informational materials must be updated on a triennial basis. The child care facility must provide the informational materials to the parent or guardian, as amended, within 90 days of the effective date for children already enrolled or at the time the agreement for admission is signed for newly enrolled children.

The Good Samaritan protections remain for child care facilities to be protected from being liable for any injuries or related damages, if they possess and make available epinephrine delivery systems.

The bill would take effect in 180 days.

Background

Under Title 35 (Health and Safety) Section 5503, child care facilities are included in the term "authorized entity" and can be prescribed epinephrine delivery systems by health care practitioners and dispensed by pharmacists. An authorized entity may acquire and stock a supply of epinephrine delivery systems. Trained employee or agents of a child care facility are permitted to use epinephrine delivery systems on an individual experiencing anaphylaxis. There are also Good Samaritan protections for child care facilities. It is unknown how many child care programs have a supply of epinephrine delivery systems.

Under Title 55 (Human Services) Sections 3270, 3280 and 3290 child care staff persons must complete professional development in prevention of and response to emergencies due to food and allergic reactions within 90 days of hire. Prior to issuance of a certificate of compliance, the legal entity or representative of the legal entity must also complete professional development prevention of and response to emergencies due to food and allergic reactions. The professional development includes basic information on food allergies, signs and symptoms, anaphylaxis and epinephrine injectors and calling 911 when a severe allergic reaction is occurring.

Parents of an enrolled child are required by the child care program to provide an initial health report no later than 60 days following the first day of attendance at the facility. An updated health report is required at least every 6 months for an infant or young toddler and at least every 12 months for an older toddler or preschool child. The health report must include a list of the child's allergies. If emergency medical care is needed, the parent must be contacted as soon as practical in the best interest of the child. A staff person must accompany a child to a source of emergency care and must remain with the child until the parent assumes responsibility.

According to ***Caring for Our Children's National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 4th Edition,*** **Section 4.2.0.10** food allergy is common, occurring in between 2% and 8% of infants and children. Allergic reactions to food can range

from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Hospitalizations from food allergy are being reported in increasing numbers, especially among children with asthma who have one or more food sensitivities. A major factor in death from anaphylaxis has been a delay in the administration of lifesaving emergency medication, particularly epinephrine. Intensive efforts to avoid exposure to the offending food(s) are, therefore, warranted. The maintenance of detailed care plans and the ability to implement such plans for the treatment of reactions are essential for all children with food allergies.

Recommendations and Rationale

PennAEYC, Trying Together, and First Up understand the importance of health and safety of children and staff in early care and education programs and we support efforts that further protect their health and safety.

Subsection (b) of the bill, as amended, states that child care facilities must acquire and stock epinephrine delivery systems, subject to funding being specifically designated to the DOH. There is no funding associated with this bill to cover the cost of the epinephrine delivery systems and child care programs are unable to absorb the out-of-pocket cost.

If funding is available by the DOH requiring child care programs to acquire and stock epinephrine delivery systems, a robust training of the designated employee or agent will be extremely important. The designated employee or agent will continue to be responsible for the storage, maintenance, control and general oversight of the epinephrine delivery system. While the training is conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment, a health care practitioner or entity approved by DOH, as amended, each employee or agent of the child care facility must complete the training. It is important for child care facility staff to understand recognizing the signs and symptoms of allergic reactions in children and adults, including anaphylaxis. There may be additional costs to programs to train all child care facility staff by a nationally recognized organization on anaphylaxis. The training should be layperson-focused anaphylaxis and epinephrine education. The training on recognizing the signs and symptoms must be high quality. For example, there is a difference between hives and anaphylaxis, and child care staff must understand the difference. As amended, the training be conducted in English, Spanish and any other language that is deemed appropriate by DOH. Training must also include how to administer the epinephrine delivery system and how to consider the size and weight of a child/infant, as the automatic injection is a premeasured appropriate weight-based dose. Training and child care program food allergy policy must outline that once an epinephrine delivery system is administered, emergency medical services must be called by the child care program and the child must go to the emergency department. The facility should recommend to the family that the child's primary health care provider be notified if the child was administered epinephrine by the facility for a food allergic reaction. Current professional development requirements under Title 55 (Human Services) Sections 3270, 3280 and 3290, require child care staff persons to be trained on the prevention of and response to emergencies due to food and allergic reactions. It is likely that the professional development will need to be enhanced to more fully cover anaphylaxis to include:

1. How to recognize signs and symptoms of severe allergic reactions in children and adults, including anaphylaxis;
2. Standards and procedures for the storage and administration of epinephrine auto-injector delivery systems; and
3. Emergency follow-up procedures.

The bill should be clear that the designated employee or agent can administer epinephrine delivery systems on a child enrolled in the child care program who is experiencing anaphylaxis, regardless of whether the child has a prescription or previously been diagnosed with an allergy. The current language states that administration can be provided to any individual, or the parent, guardian or caregiver of the individual.

The term "child care facility" should be used instead of "day-care facility." This reflects the use of "child care" in the Human Services Code and Pennsylvania Code, Title 55, and more accurately reflects the service provided by early childhood care and education professionals.

Fiscal Impact to Child Care Provider Community

As written, child care facilities would not be required to acquire and stock a supply of epinephrine delivery systems unless there is funding available from DOH. Child care facilities would be required to arrange for training a designated employee or agent on how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis, standards and procedures for the storage and administration of an epinephrine delivery system; and emergency follow-up procedures. There may be cost for this training that is beyond what is currently required under Title 55 (Human Services) Sections 3270, 3280 and 3290. These necessary training requirements on anaphylaxis are an unfunded mandate on child care facilities.