

Date of Hearing: June 28, 2023

ASSEMBLY COMMITTEE ON EDUCATION

Al Muratsuchi, Chair

SB 868 (Wilk) – As Amended June 14, 2023

SENATE VOTE: 40-0

[Note: This bill is double referred to the Assembly Judiciary Committee and will be heard by that Committee as it relates to issues under its jurisdiction.]

SUBJECT: Pupil safety: trauma kits

SUMMARY: Requires each local educational agency (LEA) to equip each classroom at each schoolsite with a trauma kit by the 2024-25 school year, and to notify all employees of the location of the trauma kits as well as contact information for potential sources of training in the use of the trauma kits, subject to an appropriation for these purposes. Specifically, **this bill:**

- 1) Requires LEAs to equip each classroom at each of its schoolsites with a trauma kit by the beginning of the 2024-25 school year, and to inspect and replace or replenish each trauma kit, as necessary to maintain the required contents, upon each use and at least once every three years.
- 2) Requires LEAs at least once each school year, to notify all employees of the location of the trauma kits and provide them with contact information for at least one potential source of training in the use of the trauma kit, including, but not limited to the following:
 - a) The Stop the Bleed national awareness campaign of the United States Department of Homeland Security;
 - b) The American College of Surgeons Committee on Trauma;
 - c) The American Red Cross;
 - d) The Committee for Tactical Emergency Casualty Care;
 - e) Any other partner of the United States Department of Defense;
 - f) A level 1 trauma center or other hospital that provides community-based education regarding trauma care or similar first aid care; or
 - g) Other reputable providers of first aid or trauma care training.
- 3) Provides LEA employees with protection from civil damages resulting from any act or omission relating to the use of the trauma kits.
- 4) Defines “local educational agency” as a school district, county office of education (COE), or charter school.
- 5) Defines “trauma kit” as a first aid response kit that contains at least all of the following:

- a) One tourniquet endorsed by the Committee on Tactical Combat Casualty Care;
 - b) One bleeding control bandage;
 - c) One pair of nonlatex protective gloves and a marker;
 - d) One pair of scissors;
 - e) Instructional documents developed by the Stop the Bleed national awareness campaign of the United States Department of Homeland Security or the American College of Surgeons Committee on Trauma, the American Red Cross, the Committee for Tactical Emergency Casualty Care, or any other partner of the United States Department of Defense; and
 - f) Medical materials and equipment approved by the medical director of the local emergency medical services agency may be included as supplements in addition to the items described if they adequately treat a traumatic injury and can be stored in a readily available kit.
- 6) Specifies that the trauma kit may also include: one or more additional tourniquets in sizes that are suitable for younger students; gauze, including a clotting agent or similar properties to control bleeding; and a protective capsule to hold the contents of the trauma kit.
 - 7) Prohibits anything in this section from being construed to create a private right of action against an LEA.
 - 8) Specifies that the implementation of these provisions is contingent upon an appropriation for these purposes in the annual Budget Act or another statute.

EXISTING LAW:

- 1) Requires each school district or COE to be responsible for the overall development of all comprehensive school safety plans for its schools operating kindergarten or any of grades 1 through 12. (Education Code (EC) 32281)
- 2) Specifies that the comprehensive school safety plan must include an assessment of the current status of school crime committed on school campuses and at school-related functions and identification of appropriate strategies and programs to provide or maintain a high level of school safety and address the school's procedures for complying with existing laws related to school safety, including, but not limited to, disaster procedures; an earthquake emergency procedure system; policies regarding pupils who commit specified acts that would lead to suspension or expulsion; procedures to notify teachers of dangerous pupils; procedures for safe ingress and egress of pupils, parents, and school employees to and from school; a safe and orderly environment conducive to learning; and procedures for conducting tactical responses to criminal incidents, including procedures related to individuals with guns on school campuses and at school-related functions. (EC 32282)
- 3) Authorizes the portions of a school safety plan that include tactical responses to criminal incidents to be developed by school district or COE administrators in consultation with law

enforcement officials and with a representative of an exclusive bargaining unit of school district or COE employees, if they choose to participate. Authorizes the school district or COE to elect not to disclose those portions of the comprehensive school safety plan that include tactical responses to criminal incidents. (EC 32281)

- 4) Defines “tactical responses to criminal incidents” as steps taken to safeguard pupils and staff, to secure the affected school premises, and to apprehend the criminal perpetrators. (EC 32281)
- 5) Requires the petition to establish a charter school to include the development of a school safety plan with specified safety topics, including procedures for conducting tactical responses to criminal incidents. (EC 47605 and 47605.5)
- 6) Defines “trauma kit” as a first aid response kit that contains at least all of the following:
 - a) One tourniquet endorsed by the Committee on Tactical Combat Casualty Care;
 - b) One bleeding control bandage;
 - c) One pair of nonlatex protective gloves and a marker;
 - d) One pair of scissors;
 - e) Instructional documents developed by the Stop the Bleed national awareness campaign of the United States Department of Homeland Security or the American College of Surgeons Committee on Trauma, the American Red Cross, the Committee for Tactical Emergency Casualty Care, or any other partner of the United States Department of Defense; and
 - f) Medical materials and equipment approved by the medical director of the local emergency medical services agency may be included as supplements in addition to the items described if they adequately treat a traumatic injury and can be stored in a readily available kit. (Health and Safety Code (HSC) 19305)
- 7) Requires certain public buildings with occupancy of 200 or more to provide a trauma kit, including education through 12th grade and daycare facilities. (HSC 19310)

FISCAL EFFECT: According to the Senate Appropriations Committee:

While the bill’s provisions would be contingent upon an appropriation, it could lead to one-time Proposition 98 General Fund cost pressure ranging from \$9.8 million to \$23.4 million statewide. This estimate assumes a cost of between \$50 and \$100 for each trauma kit for each individual classroom in the state. However, the bill’s costs could be higher to the extent that LEAs would need to train their employees on using the trauma kit, particularly on the use of tourniquets and controlling bleeding in emergency situations. Currently, the bill only requires LEAs to notify employees and teachers of contact information for training; it does not require the actual training. Further, while not explicitly required, this bill could lead to one-time General Fund cost pressure in the tens of thousands to low hundreds of thousands

of dollars for the CDE to develop minimum training standards and best practices on the use of trauma kits.

COMMENTS:

Need for the bill. According to the author, “The unfortunate reality is that schools and classrooms are ill-prepared for threats against our kids. School shootings are a terrible and devastating reality in 2023, and schools do not have the resources necessary to save children if a dangerous or life-threatening emergency occurs. We must adapt our schools to be prepared for these threats against our children. While many legislative ideas work to prevent these tragedies, we must be prepared for when they do eventually occur. A lack of access to proper tools should not be the barrier faced when a life-threatening injury occurs. In order to improve student safety, this bill would place life-saving trauma kits where they are most likely to be needed in a school emergency: in the classroom.”

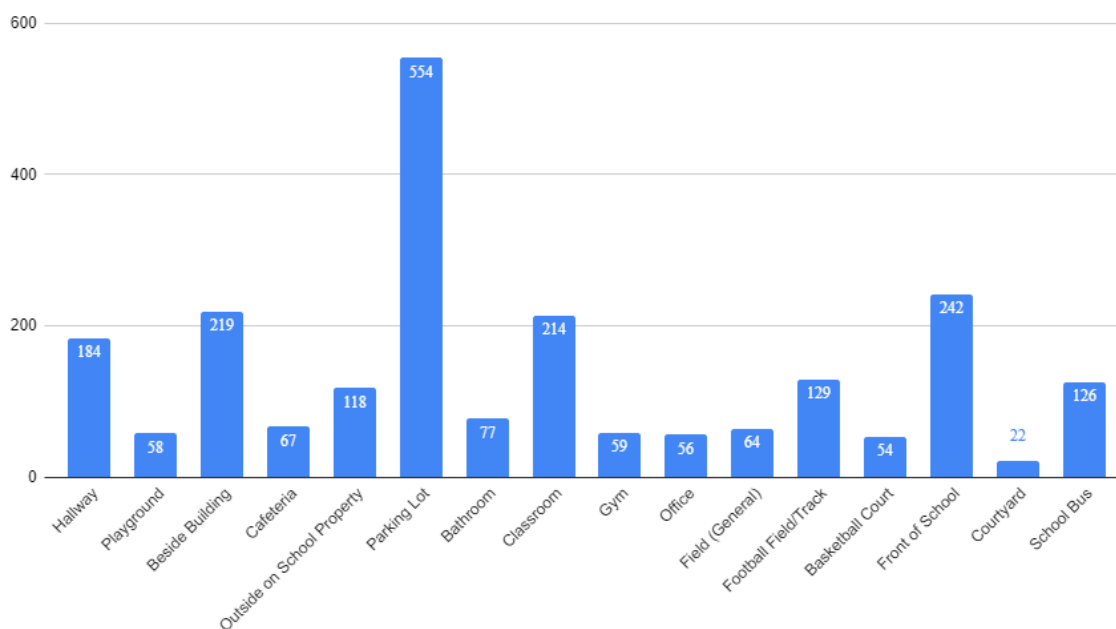
Polls indicate fear of school shootings. A 2018 Public Policy Institute of California (PPIC) survey found that 73% of adults and 82% of public school parents say they are “very” or “somewhat concerned” about school shootings. Similarly, a 2018 Pew Research Center survey of parents and teenagers found 57% of teenagers aged 13-17 “very worried” or “somewhat worried” about a shooting in their schools and 63% of parents saying they at least somewhat worried about the possibility of a shooting happening at their child’s school.

K-12 Violent Incidents. The U.S. Secret Service and the U.S. Federal Bureau of Investigation (FBI) define a targeted attack or targeted violence as an attack that was planned for days, weeks, or months, serves a purpose and seeks to accomplish objectives set by the attacker. Prior to 1998, targeted attacks were rare within the U.S. During the most recent 20 years, almost all targeted attacks at schools were perpetrated by students or former students. (Marjorie Stoneman Douglas High School Public Safety Commission Report, 2019)

Since April 20, 1999, when two high school students killed 12 students and one teacher and wounded 23 others before committing suicide at Columbine High School in Colorado, school safety has been a major concern in schools across the country. Since then, more shootings have taken place at schoolsites, including Sandy Hook Elementary School in Newtown Connecticut in December 2012 where 26 students and educators were killed, and the February 14, 2018 shooting at Marjory Stoneman Douglas High School in Parkland, Florida with 17 casualties.

The K-12 School Shooting Database documents when a gun is brandished, is fired, or a bullet hits school property for any reason. The database tracks incidents at K-12 schools since 1970. They have documented 2,437 school shootings nationally resulting in 985 deaths and 2,068 injuries. The number of incidents has grown substantially from less than 25 incidents annually in 1970 to approximately 304 incidents in 2022. 43% of the shooters involved in these incidents were students. This database also illustrates the locations of these shootings (see figure below) showing that 214 of the identified shootings, or 10%, occurred in classrooms.

Location at School where Shooting Occurred



Source: K-12 School Shooting Database

School violence prevention audit. An audit by the California State Auditor, released in 2017, cites FBI data showing that active shooter incidents became more common between 2000 and 2015, and kindergarten through grade 12 facilities and higher education institutions have been the second most common location for these shootings to occur, both nationally and within California. Their survey of public school districts and COEs in California suggested that the number of active shooter threats and incidents in and around the State's schools had increased since academic year 2012–13.

The report noted that state law does not require schools to include procedures for responding to active shooter events in their school safety plans and that state law could improve these plans by requiring the inclusion of procedures to respond to active shooter incidents. The audit also found deficiencies in oversight and guidance by district and COEs as well as at the state level by CDE, and that some schools have failed to meet the requirement to review safety plans annually.

Since the release of this report, legislation has been enacted in California requiring schools to expand the required elements of school safety plans, including procedures to respond to active shooter situations, requires schools to conduct annual active shooter drills, and requires the CDE to provide additional guidance and oversight of safety plans.

Stop the Bleed campaign. According to its website, Stop The Bleed is the result of a collaborative effort led by the American College of Surgeons Committee on Trauma (ACS COT) to bring bleeding control to the public. After the wide adoption of tourniquets and tourniquet training by the military during the Iraq and Afghanistan conflicts, their use was reviewed and a clear survival benefit was identified. A follow-up study in 2014, led by the ACS COT emergency medical services subcommittee, showed similar benefits related to tourniquet use among civilians and further introduced direct pressure and wound packing to the list of simple but

effective skills that could be used to control active bleeding in an emergency situation. It also became clear that time was a critical factor, and outcomes were directly related to how quickly bleeding control was achieved, and these findings helped establish the bystander as playing a critical role in saving lives due to severe bleeding. Curriculum was developed into what is known as the Bleeding Control Basic course (B-CON), released to the public in 2014, which is the foundation of today's Stop the Bleed course.

Tourniquet use by non-medical professionals. Tourniquet use, especially by untrained Good Samaritans, has been controversial over the years because of the fear that a restriction in blood supply to tissues, causing a shortage of oxygen that is needed to keep the tissue alive, could lead to amputation. If a tourniquet is left on too long or applied incorrectly, it can result in the loss of a limb. However, this does not appear to be the case for most civilian tourniquet applications, as having a tourniquet in place for two or fewer hours, until the patient can get to the hospital, should not have any ill effects. It typically takes at least 4-6 hours for tourniquets to cause harm. (Sztajnkrzyer, 2022)

The American Heart Association Guidelines for first aid includes the following:

Because the rate of complications is low and the rate of hemostasis [bleeding to death] is high, first aid providers may consider the use of a tourniquet when standard first aid hemorrhage control does not control severe external limb bleeding. A manufactured tourniquet should be used as first-line therapy for life-threatening extremity bleeding and should be placed as soon as possible after the injury. Specifically designed tourniquets appear to be better than ones that are improvised, but tourniquets should only be used with proper training.

Arguments in support. The American College of Emergency Physicians writes, “One-third of people who die from trauma do so from bleeding. Trauma kits are intended to provide potential first responders with the tools that they need for bleeding control. Training programs like Stop the Bleed have been used since 2015 to train non-medical providers and reduce the number of deaths due to uncontrolled bleeding and have been associated with increased confidence in trauma response.

Including trauma kits in classrooms and providing school employees with opportunities for trauma kit training increases the likelihood that they will be able to appropriately respond in the event of an emergency. Expanding access to trauma tools and training will enable school employees to save lives.”

Related legislation. AB 71 (Rodriguez) of the 2023-24 Session would require, when the Health Framework for California Public Schools is next revised after January 1, 2024, the Instructional Quality Commission (IQC) to consider including information on bleeding control in the framework. Specifically, the bill would require the IQC to consider including information developed by the Stop the Bleed national awareness campaign of the United States Department of Homeland Security or the American College of Surgeons Committee on Trauma, the American Red Cross, the Committee for Tactical Emergency Casualty Care, or any other partner of the United States Department of Defense. In addition, the bill would require the CDE to make available on its website to LEAs, a list of resources and instructional materials on bleeding control.

AB 70 (Rodriguez) of the 2023-24 Session would extend a recently enacted law that requires certain buildings constructed after January 1, 2023 to have at least six trauma kits on the premises, to also require buildings that were constructed prior to that date to have the trauma kits if the buildings were renovated or improved.

SB 643 (Wilk) of the 2023-24 Session would establish the School Safety Division within the CDE and require the division to administer the Safe-To-Tell Program to receive anonymous reports of dangerous, violent, or unlawful activity. Would also require LEAs to establish school-based teams of at least three members of the administrative staff at each of its schools to receive notice of reports, and requires the Safe-to-Tell advisory committee to provide an annual report to the Governor and Legislature.

AB 960 (Mathis) of the 2023-24 Session would require each public school with 100 or more pupils to implement a web-based or app-based school safety program by July 1, 2030.

AB 2260 (Rodriguez) Chapter 586, Statutes of 2022, requires certain public and private buildings with an occupancy of 200 persons or greater, including K-12 educational facilities and daycare facilities, to maintain a trauma kit on the building's premises. The bill provides specified immunity to persons supplying trauma kits, training others on their use, and using them in emergency situations.

AB 1499 (Flora) of the 2019-20 Session would have required the California Office of Emergency Services (Cal OES) to create a new grant program for communication interoperability systems – systems that allow emergency responders and schools to better communicate with each other – on the campuses of K-12 schools, community colleges, and public colleges and universities. This bill was held in the Assembly Appropriations Committee.

SB 541 (Bates) Chapter 786, Statutes of 2019, requires the CDE to collect, and LEAs to provide, data pertaining to lockdown or multi-option response drills conducted at school sites within school districts, county offices of education and charter schools providing instructional services to pupils in kindergarten or in any of grades 1 to 12, and requires the CDE to submit a report to the Legislature relative to that data.

AB 1747 (Rodriguez) Chapter 806, Statutes of 2018, expands the required elements of school safety plans, including procedures to respond to active shooter situations, requires schools to conduct annual active shooter drills, and requires the CDE to provide additional guidance and oversight of safety plans.

REGISTERED SUPPORT / OPPOSITION:

Support

Arcadia Police Officers' Association
Association of California School Administrators
Burbank Police Officers' Association
California Association of School Business Officials
California Chapter of the American College of Emergency Physicians
California Coalition of School Safety Professionals
Claremont Police Officers' Association

Corona Police Officers' Association
Culver City Police Officers' Association
Deputy Sheriffs' Association of Monterey County
Emergency Nurses Association, California State Council
Fullerton Police Officers' Association
Los Angeles School Police Officers' Association
Murrieta Police Officers' Association
Newport Beach Police Association
Palos Verdes Police Officers' Association
Placer County Deputy Sheriffs' Association
Pomona Police Officers' Association
Riverside Police Officers' Association
Riverside Sheriffs' Association
Santa Ana Police Officers' Association
Upland Police Officers' Association

Opposition

None on file

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