

**SENATE JUDICIARY COMMITTEE**  
**Senator Thomas Umberg, Chair**  
**2021-2022 Regular Session**

SB 687 (Hueso)  
Version: February 19, 2021  
Hearing Date: April 6, 2021  
Fiscal: Yes  
Urgency: No  
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**SUBJECT**

Emergency response: trauma kits

**DIGEST**

This bill requires certain public and private buildings 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.

**EXECUTIVE SUMMARY**

According to the Stop the Bleed campaign: "Uncontrolled bleeding is a major cause of preventable deaths. Approximately 40 [percent] of trauma-related deaths worldwide are due to bleeding or its consequences, establishing hemorrhage as the most common cause of preventable death in trauma." The Stop the Bleed Coalition seeks to raise awareness of this threat, and how proper training and materials can prevent bleeding deaths in the wake of a trauma event.

This bill carries out this purpose by requiring "trauma kits," first aid response kits that contain certain materials, including tourniquets, pressure dressings, chest seals, other medical materials, and instructional documents, to be placed in specified public and private buildings. The bill immunizes those placing the kits, as specified. In order to incentivize proper training and use of these kits, the bill extends existing immunity laws to those providing training and certification on using kits and to those actually using the kits to render emergency care at the scene of an emergency.

This bill is author sponsored. It is supported by the American College of Surgeons, San Diego-Imperial Chapter and the California Emergency Nurses Association. There is no known opposition. The bill passed out of the Senate Health Committee on an 11 to 0 vote.

**PROPOSED CHANGES TO THE LAW**

Existing law:

- 1) Provides that no person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This applies only to medical, law enforcement, and emergency personnel, as specified. (Health & Saf. Code § 1799.102(a).)
- 2) Extends to all other persons not covered by the above who are rendering medical or nonmedical care or other assistance in such situations immunity from civil damages resulting from any act or omission other than acts or omissions constituting gross negligence or willful or wanton misconduct. (Health & Saf. Code § 1799.102(b).)
- 3) Provides that, in order to encourage local agencies and other organizations to train people in emergency medical services, no local agency, entity of state or local government, private business or nonprofit organization included on the statewide registry that voluntarily and without expectation and receipt of compensation donates services, goods, labor, equipment, resources, or dispensaries or other facilities, in compliance with Section 8588.2 of the Government Code, or other public or private organization which sponsors, authorizes, supports, finances, or supervises the training of people, or certifies those people, excluding physicians and surgeons, registered nurses, and licensed vocational nurses, as defined, in emergency medical services, shall be liable for any civil damages alleged to result from those training programs. (Health & Saf. Code § 1799.100.)
- 4) Provides that any person who, in good faith and not for compensation, renders emergency care or treatment by the use of an automated external defibrillator (AED) at the scene of an emergency is not liable for any civil damages resulting from any acts or omissions in rendering the emergency care. (Civ. Code § 1714.21(b).) A person or entity who provides CPR and AED training to a person who renders such emergency care is not liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care. (Civ. Code § 1714.21(c).)
- 5) Provides that a person or entity that acquires an AED for emergency use, as specified, is not liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of an AED if that person or entity has complied with subdivision (b) of Section 1797.196 of the Health and Safety Code. (Civ. Code § 1714.21(d).)

- 6) Provides that when an AED is placed in a building, the building owner shall do all of the following:
  - a) at least once a year, notify the tenants as to the location of the AED units and provide information to tenants about who they can contact if they want to voluntarily take AED or CPR training;
  - b) at least once a year, offer a demonstration to at least one person associated with the building so that the person can be walked through how to use an AED properly in an emergency. The building owner may arrange for the demonstration or partner with a nonprofit organization to do so; and
  - c) next to the AED, post instructions, in no less than 14-point type, on how to use the AED. (Health & Saf. Code § 1797.196(b)(2).)

This bill:

- 1) Establishes the Tactical Response to Traumatic Injuries Act.
- 2) Defines “trauma kit” to mean a first aid response kit that contains at least all of the following:
  - a) two tourniquets;
  - b) two pressure dressings that are inspected for replacement no less than every three years;
  - c) four chest seals that are inspected for replacement no less than every three years;
  - d) medical materials and equipment similar to the above and any additional items that are approved by local law enforcement or first responders, that adequately treat a traumatic injury, and can be stored in a readily available kit;
  - e) instructional documents developed by the First Care Provider program, the Committee for Tactical Emergency Casualty Care, or the federal Stop the Bleed campaign.
- 3) Requires the person or entity responsible for managing the building, facility, and tenants of specified structures do all of the following:
  - a) acquire and place a trauma kit on the premises of the building or facility;
  - b) comply with all regulations governing the placement of a trauma kit;
  - c) inspect all trauma kits acquired and placed on the premises of a building or structure every three years from the date of installation to ensure that all materials, supplies, and equipment contained in the trauma kit are not expired, and replace any expired materials, supplies, and equipment as necessary;
  - d) restock the trauma kit after each use and replace any materials, supplies, and equipment as necessary to ensure that all materials, supplies, and equipment required to be contained in the trauma kit are contained in the trauma kit;

- e) at least once per year, notify tenants of the building or structure of the location of the trauma kit and provide information to tenants regarding contact information for training in the use of the trauma kit; and
  - f) provide tenants with instructions in the use of the trauma kit from the specified training documents.
- 4) Provides civil immunity to those persons or entities that comply with the above in connection with any damages that result from acts or omissions in the rendering of emergency care by use of a trauma kit.
  - 5) Requires a person or entity that supplies a trauma kit to provide the person or entity that acquires the trauma kit with all information governing the use, installation, operation, training, and maintenance of the trauma kit.
  - 6) Applies the immunities of the “Good Samaritan” law codified in Section 1799.102 to persons who, in good faith and not for compensation, render emergency care or treatment by the use of a trauma kit at the scene of an emergency.
  - 7) Applies the immunities of Section 1799.100 to a person or entity that voluntarily, and without expectation or receipt of compensation, does the following:
    - a) provides training in the use of trauma kits, as specified; or
    - b) certifies persons, as specified, who are trained in the use of a trauma kit to provide emergency medical treatment to victims of trauma.

### COMMENTS

#### 1. Civil liability and immunity

As a general rule, California law provides that persons are responsible, not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon themselves. (Civ. Code § 1714(a).) Liability has the primary effect of ensuring that some measure of recourse exists for those persons injured by the negligent or willful acts of others; the risk of that liability has the primary effect of ensuring parties act reasonably to avoid harm to those to whom they owe a duty.

Conversely, immunity from liability disincentivizes careful planning and acting on the part of individuals and entities. When one enjoys immunity from civil liability, it is relieved of the responsibility to act with due regard and an appropriate level of care in the conduct of its activities. Immunity provisions are also disfavored because they, by their nature, preclude parties from recovering when they are injured, and force injured parties to absorb losses for which they are not responsible. Liability acts not only to

allow a victim to be made whole, but to encourage appropriate compliance with legal requirements.

Although immunity provisions are rarely preferable, the Legislature has in limited scenarios approved measured immunity from liability (as opposed to blanket immunities) to promote other policy goals that could benefit the public. Immunities are generally afforded when needed to ensure the willingness of individuals to continue taking on certain roles that may involve some risk and to incentivize certain conduct, such as the provision of life-saving or other critical services. Examples include protections for use of CPR (Civ. Code § 1714.2); use of an automated external defibrillator (Civ. Code § 1714.21); use of opiate overdose treatment (Civ. Code § 1714.22); providing emergency care at the scene of an emergency (Health & Saf. Code §§ 1799.102, 1799.106); and performing emergency rescue services (Health & Saf. Code § 1799.107). However, as indicated above, rarely is immunity absolute, and these immunities generally do not cover grossly negligent conduct or intentional misconduct.

## 2. Incentivizing the deployment and proper use of trauma kits

In order to maximize the life-saving capabilities of trauma kits, this bill requires placement of trauma kits in specified buildings. To ensure safety, it further requires compliance with attendant regulations, periodic inspections, restocking, and tenant notifications and instructions. The bill immunizes those responsible for managing these facilities and buildings from civil damages arising from acts or omissions in rendering emergency care by use of these trauma kits. These provisions track with similar laws governing the placement of automated external defibrillators (AED) and the attached immunity. (Civ. Code § 1714.21; Health & Saf. Code § 1797.196.)

The bill also affords liability protections for persons who, in good faith and not for compensation, render emergency care or treatment through the use of a trauma kit at the scene of an emergency. The bill specifically applies the immunity provisions of Section 1799.102 of the Health and Safety Code, often referred to as the “Good Samaritan Law.” That statute provided immunity for those rendering emergency medical or nonmedical care at the scene of an emergency, as specified. The Good Samaritan law actually applies two standards, one solely applies to specified medical, law enforcement, or emergency personnel. Subdivision (b) applies to all other persons and establishes immunity from damages resulting from the same acts or omissions, but specifically excludes those acts or omissions constituting gross negligence or willful or wanton misconduct. This is the intended standard the author wishes to attach to the use of trauma kits, and for the sake of clarity, the author has agreed to an amendment that makes the cross-reference specific to this provision.

In fact, a person who, in good faith and not for compensation, renders emergency care or treatment by the use of a trauma kit at the scene of an emergency is likely already

covered by the existing Good Samaritan law. However, this provision will likely incentivize more individuals to take action when needed.

The bill also applies the immunities of Section 1799.100 of the Health and Safety Code to a person or entity that voluntarily, and without expectation and receipt of compensation, does either of the following:

- provides training in the use of a trauma kit to provide emergency medical treatment to victims of trauma, including, but not limited to, training in the use of the trauma kit in emergency first care response to an active shooter; or
- certifies persons, other than physicians and surgeons, registered nurses, and licensed vocational nurses, who are trained in the use of a trauma kit to provide emergency medical treatment to victims of trauma.

These provisions incentivize expanded training and certification so that more people are willing to carry these services out, resulting in more individuals capable of skillfully deploying these trauma kits. These provisions are in line with the immunities already provided to persons or entities that train individuals in the use of CPR and AEDs. (Civ. Code § 1714.21.)

According to the author:

During a traumatic emergency, a victim who suffers heavy bleeding can lose their life in five minutes. In these medical emergencies, where timely responses are essential, the public must often act as immediate responders while they wait for medical professionals to arrive on the scene. With the proper medical equipment and training to respond during traumatic events, the public can adequately administer emergency care to slow down bleeding and increase a victim's chance of survival. SB 687 is necessary because it would require certain buildings to keep trauma kits containing tourniquets on their premises, so that in the case of an emergency, the public may have the equipment necessary to provide medical aid for victims immediately. SB 687 would also protect Good Samaritans from civil liability in the case that they ever have to use a trauma kit to help a victim. This bill provides a simple and effective way to help save countless lives during traumatic emergencies.

Dr. Amy Liepert of University of California, San Diego Health explains her support for the bill:

As a trauma surgeon, I frequently care for patients with extensive traumatic injury including life threatening bleeding. This may occur after a motor vehicle crash, home or industrial mishap, and unfortunately from interpersonal violence due to firearm or other penetrating injury. There is no greater tragedy than a patient death resulting from bleeding that could

have been prevented with simple and easy to learn techniques. The concept of rapid bleeding control by immediate citizen responders is well proven and closely mimics prior legislative response to cardiac death with CPR training and installation of AEDs.

### **SUPPORT**

American College of Surgeons, San Diego-Imperial Chapter  
California Emergency Nurses Association  
Dr. Amy Liepert, University of California, San Diego Health

### **OPPOSITION**

None known

### **RELATED LEGISLATION**

Pending Legislation: SB 310 (Rubio, 2021) provides that persons and entities are not subject to criminal or civil liability for an injury caused when donating, accepting, or dispensing prescription drugs, as specified. That bill is set to be heard in this Committee on the same day this bill is heard.

Prior Legislation:

SB 1305 (Glazer, Ch. 900, Stats. 2018) permits an emergency responder to provide basic first aid, as specified, to a dog or a cat, without being in violation of the Veterinary Medicine Practice Act and ensures existing immunity laws apply.

AB 1766 (Maienschein, Ch. 270, Stats. 2018) provides that every public swimming pool that is required to provide lifeguard services and that charges a direct fee shall provide on its premises an AED that must be readily available during pool operations and applies conditional liability protections to those acquiring or using these AEDs.

### **PRIOR VOTES:**

Senate Health Committee (Ayes 11, Noes 0)

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