



April 18, 2022

Alameda
Central California
Coastal Valleys
Contra Costa
El Dorado
Imperial
Inland Counties
Kern
Los Angeles
Marin
Merced
Monterey
Mountain-Valley
Napa
North Coast
Northern California
Orange
Riverside
Sacramento
San Benito
San Diego
San Francisco
San Joaquin
San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Sierra-Sac Valley
Solano
Tuolumne
Ventura
Yolo

The Honorable Freddie Rodriguez
California State Assembly
1021 O Street, Suite 5250
Sacramento, CA 95814

RE: AB 2260 (Rodriguez) – Emergency response: Trauma kits
As Amended April 7, 2022 – CONCERNS
Set for hearing April 19, 2022 – Assembly Judiciary Committee

Dear Assemblymember Rodriguez:

The Emergency Medical Services Administrators Association of California (EMSAAC) and the Emergency Medical Directors Association of California (EMDAC) are writing to express concerns with certain language amended into AB 2260 on April 7, 2022. We support increasing the availability of trauma kits to deliver rapid trauma care to patients in need. Programs such as Stop the Bleed are valuable and can improve patients' chance for survival through earlier intervention. There is, however, substantial risk of life-threatening harm to the patient if medical devices are included in bystander trauma kits which are not indicated for use or may be improperly used by the untrained rescuer.

We write today to respectfully request that AB 2260 be amended to explicitly subject all medical materials, supplies, equipment and/or pharmaceutical contents included in a "trauma kit" to be approved by the Local Emergency Medical Services Agency (LEMSA) Medical Director. As emergency medical services (EMS) physicians and administrators of EMS systems, we believe it is in the best interest of the safety of our communities that oversight of medical equipment and supplies be provided by a physician with knowledge of EMS and field care. Inclusion of this medical oversight is essential to ensuring consistency and safety in the treatment provided by first responders and public bystanders.

Existing statutory standards vest Medical Control of the emergency medical services system in the Medical Director of the LEMSA, who is required to be a physician and surgeon with substantial experience in the practice of emergency medicine. The LEMSA Medical Director is charged with developing and implementing the policies, procedures and protocols that govern out-of-hospital trauma and medical care. Examples of

medical devices and interventions available to law enforcement and the public for use already subject to Medical Control include automated external defibrillators and intranasal naloxone.

EMSAAC represents the 33 Local Emergency Medical Services Agency (LEMSA) administrators representing all of California's 58 counties. The mission of the Emergency Medical Directors Association of California, Inc. (EMDAC) is to provide leadership and expert opinion in the medical oversight, direction, and coordination of Emergency Medical Services for the people of the State of California.

Enclosed below please find specific requested amendments to the language of the bill as currently written which we have identified by bolded highlight. If you should have any questions, please contact EMSAAC's Legislative Chair Travis Kusman at (650) 304-4837 or tkusman@smcgov.org.

Sincerely,



Travis Kusman, MPH, NRP
FAEMS
EMSAAC President



Nichole Bosson, MD, MPH, NRP
EMDAC President

cc: Honorable Members, Assembly Judiciary Committee
Allison Merrilees, Chief Counsel, Assembly Judiciary Committee
Daryl Thomas, Consultant, Assembly Republican Caucus

SECTION 1.

This act shall be known and may be cited as the Tactical Response to Traumatic Injuries Act.

Tactical Response to Traumatic Injuries Act

SEC. 2.

Section 1714.29 is added to the Civil Code, to read:

1714.29.

- (a) For purposes of this section, “trauma kit” means a first aid response kit **approved by the Medical Director of the Local Emergency Medical Services Agency** that contains at least all of the following:
- (1) One tourniquet endorsed by the Committee on Tactical Combat Casualty Care.
 - (2) One bleeding control bandage.
 - (3) One pair of nonlatex protective gloves and a marker.
 - (4) One pair of scissors.
 - (5) 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.
- (b) Medical materials and equipment similar to those described in paragraphs (1) to (4), inclusive, of subdivision (a) and any additional items that are approved by **the Medical Director of the Local Emergency Medical Services Agency (LEMSA)** local law enforcement or first responders may be included as supplements in addition to the items described in paragraphs (1) to (4), inclusive, of subdivision (a) if they adequately treat a traumatic injury and can be stored in a readily available kit.
- (c) Subdivision (b) of Section 1799.102 of the Health and Safety Code, the “Good Samaritan Law,” applies to any lay rescuer or 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.
- (d) A person who renders emergency care or treatment by the use of a trauma kit at the scene of an emergency and who receives compensation as a result of their employment by a property managing entity, a tenant of a building, or any other private or public employer, but is not compensated to provide emergency medical care, is not providing emergency medical care “for compensation” for purposes of Section 1799.102 of the Health and Safety Code.
- (e) Section 1799.100 of the Health and Safety Code applies to a person or entity that voluntarily, and without expectation and receipt of compensation, does either of the following:
- (1) 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.
 - (2) 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.
- (f) This section does not require a property manager or person employed by a property managing entity to respond to an emergency with the use of trauma kits.

SEC. 3.

Chapter 4 (commencing with Section 19305) is added to Part 3 of Division 13 of the Health and Safety Code, to read:

CHAPTER 4. Trauma Kits

19305.

*(a) For purposes of this section, “trauma kit” means a first aid response kit **approved by the Medical Director of the Local Emergency Medical Services Agency** that contains at least all of the following:*

- (1) One tourniquet endorsed by the Committee on Tactical Combat Casualty Care.*
 - (2) One bleeding control bandage.*
 - (3) One pair of nonlatex protective gloves and a marker.*
 - (4) One pair of scissors.*
 - (5) 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.*
- (b) Medical materials and equipment similar to those described in paragraphs (1) to (4), inclusive, of subdivision (a) and any additional items that are approved by **the Medical Director of the Local Emergency Medical Services Agency (LEMSA)** local law enforcement or first responders may be included as supplements in addition to the items described in paragraphs (1) to (4), inclusive, of subdivision (a) if they adequately treat a traumatic injury and can be stored in a readily available kit.*

19307.

In order to ensure public safety, a person or entity that supplies a trauma kit shall provide the person or entity that acquires the trauma kit with all information governing the use and maintenance of the trauma kit.

19310.

(a) This chapter applies to all of the following structures, as defined in Chapter 3 of the California Building Code (Part 2 of Title 24 of the California Code of Regulations), that are constructed on or after January 1, 2022:

- (1) Group A assembly buildings with an occupancy of greater than 300.*
- (2) Group B business buildings with an occupancy of 200 or more.*
- (3) Group E educational buildings with an occupancy of 200 or more.*
- (4) Group F factory buildings with an occupancy of 200 or more.*
- (5) Group I institutional buildings with an occupancy of 200 or more.*
- (6) Group M mercantile buildings with an occupancy of 200 or more.*
- (7) Group R residential buildings with an occupancy of 200 or more, excluding single-family and multifamily dwelling units.*

(b) (1) This chapter applies to a structure listed in subdivision (a) that is owned or operated by a local governmental entity.

(2) This chapter does not apply to a health facility licensed under subdivision (a), (b), (c), or (f) of Section 1250.

(3) This chapter does not apply to a structure that is vacant or under construction or renovation.

(c) (1) A person or entity that complies with subdivision (d) is not liable for any civil damages resulting from any acts or omissions in the rendering of emergency care by use of a trauma kit.

(2) A property managing entity is not liable for any civil damages resulting from the failure,

improper operation, or malfunction of equipment or materials within a properly stocked trauma kit.

(d) In order to ensure public safety, the person or entity responsible for managing the building, facility, and tenants of any structure described in subdivision (a) that is an occupied structure shall do all of the following:

(1) Acquire and place at least six trauma kits on the premises of the building or facility in an easily accessible and recognizable container located next to an automated external defibrillator (AED) as required by Section 19300.

(2) 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 or missing materials, supplies, and equipment as necessary.

(3) If a property managing entity or person is aware, or reasonably should be aware, that a trauma kit has been used, they shall 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.

(4) At least once per year, notify tenants of the building or structure of the location of the trauma kits and provide information to tenants regarding contact information for training in the use of the trauma kit. For purposes of complying with this notification requirement, property managers may direct tenants to 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 or reputable providers. The property manager is only required to identify one potential source of training, but may choose to identify multiple sources of training.

(e) For the purposes of this section, a “local EMS agency” means an agency described in Section 1797.200.

