

SUBJECT: Bleeding control station program in public schools

COMMITTEE: Public Education — committee substitute recommended

VOTE: 12 ayes — Huberty, Bernal, Allen, Allison, K. Bell, Dutton, M. González,
K. King, Meyer, Sanford, Talarico, VanDeaver

0 nays

1 absent — Ashby

WITNESSES: For — Robert Carpenter, American College of Surgeons; Jordan Ghawi, Southwest Texas Regional Advisory Council; and nine individuals; (*Registered, but did not testify*: Donald Jenkins, American College of Surgeons-South Texas Chapter; Christina Hoppe, Children's Hospital Association of Texas; Chris Masey, Coalition of Texans with Disabilities; Bill Kelly, City of Houston Mayor's Office; Maureen Milligan and Jessica Schleifer, Teaching Hospitals of Texas; Kevin Stewart, Texas Emergency Nurses Association and Texas School Nurses Organization; Dinah Welsh, Texas EMS, Trauma & Acute Care Foundation; Michelle Romero, Texas Medical Association; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Bonnie Bruce, Texas Society of Anesthesiologists; Shaylan Rounds, U.S. Green Building Council; David Matiella, U.S. Green Building Council-Texas Chapter; Andrew Smith, University Health System; Kenneth Flippin)

Against — (*Registered, but did not testify*: Lisa Dawn-Fisher, Texas State Teachers Association; Michael Clarke)

On — Pete Blair, Texas State University; (*Registered, but did not testify*: Andrea Chevalier, Association of Texas Professional Educators; Eric Marin and Monica Martinez, Texas Education Agency; Dustin Cox)

DIGEST: CSHB 496 would require school districts and open-enrollment charter schools to establish bleeding control stations and to develop and implement instructional training courses on the use of the stations.

Bleeding control station program. CSHB 496 would require each school district and open-enrollment charter school to develop a bleeding control station program that:

- ensured that bleeding control stations were stored in easily accessible areas of the campus selected by the district's school safety or governing body of the charter school;
- included the use of bleeding control stations in any security planning measure or protocol, including a district's multihazard emergency operation plan;
- required that agency-approved training on the use of a bleeding control station in the event of an injury to another person be provided to commissioned school district peace officers, school security personnel, resource officers who provide law enforcement at the campus, and all other district or school personnel who could be expected to use a bleeding control station; and
- required students in grade 7 or higher to receive instruction annually on the use of a bleeding control station from a school resource officer or other appropriate district or school personnel who had received the training.

A student would not be required to receive the instruction if the student's parent or guardian did not consent to the student receiving the instruction or if the student had a disability that made participating in the instruction impractical.

The commissioner of education would be required to adopt guidelines to ensure that school districts and open-enrollment charter schools provided notice to a parent of children enrolled at the campus regarding the instruction and that parents would be provided the opportunity to remove their child from the instruction.

Districts and open-enrollment charter schools would have to develop and implement the bleeding control station program by January 1, 2020.

Bleeding control stations. A bleeding control station would contain a first aid kit that included two permanent markers, five pairs of latex-free gloves, five tourniquets that included a locking mechanism, 10 chest seals, two compression bandages, two pairs of trauma shears; two hemostatic-impregnated gauze dressings, five space emergency blankets, five patient care cards, one hard-shell case.

The station also would have to contain an emergency alerting device, defined in the bill as a device designed to send, once a case containing the device was opened, an emergency alert that provided continuous information about the location of the device to certain preprogrammed recipients.

The school district or open-enrollment charter school could also include in a bleeding control station any medical material or equipment that:

- could be readily stored in a bleeding control station;
- could be used to adequately treat an injury involving traumatic blood loss; and
- was approved by local law enforcement or emergency medical services personnel.

CSHB 496 would require a school district or open-enrollment charter school to conduct an annual inspection of the medical material and equipment in each bleeding control station stored on a campus of the district or school and replace expired material or equipment.

After a use of the station, the school district or open-enrollment charter would be required to restock the bleeding control station as soon as practicable.

Training course. The Texas Education Agency (TEA) could approve a course of instruction that had been developed or endorsed by the American College of Surgeons or a similar organization, the emergency medicine department of a health-related institution of higher education, or a hospital. TEA would have to approve the training on the use of bleeding

control stations by October 1, 2019

The course of instruction for training could not be provided as an online course, would have to use nationally recognized, evidence-based guidelines for bleeding control, and would incorporate instruction on the psychomotor skills necessary to use a bleeding control station in the event of an injury to another person.

The course could be provided by an instructor who was properly qualified to provide the instruction. This could include emergency medical technicians, paramedics, law enforcement officers, firefighters, representatives of the organization or institution that developed or endorsed the training, educators, or other public school employees.

If the course provided for certification in bleeding control, the instructor would have to be authorized to provide instruction for the purpose certification by the organization or institution that developed or endorsed the course of instruction.

Liability. The school district or open-enrollment charter school and the employees of the district or school would be immune from civil liability from damages or injuries resulting from the good-faith use of a bleeding control station to control the bleeding of an injured person, provided that the employee had not acted with gross negligence in the use of the bleeding control station.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.