



The overarching
Consensus is that in
casualty and active
should die from

An acronym to summarize the necessary response is THREAT:

- Threat suppression
- hemorrhage control
- rapid extrication to safety
- assessment by medical providers
- transport to definitive care

principle of the Hartford
intentional mass-
shooter events, no one
uncontrolled bleeding.

The Hartford Consensus calls for a seamless, integrated response system that includes the public, law enforcement, EMS/fire/rescue, and definitive care to employ the THREAT response in a comprehensive and expeditious manner.



- (4) Protective gloves and a marker;
- (5) Scissors;
- (6) 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, or both; and
- (7) other medical materials and equipment similar to those described in items (1) to (3), inclusive, and any additional items that:
 - (a) are approved by local law enforcement or first responders
 - (b) can adequately treat a traumatic injury; and
 - (c) can be stored in a readily available kit.

“Public Building”, any building located in any community, locality, city, or town that is used primarily by the general public as well as any building owned by the STATE or a town, city or municipal government within the STATE, including but not limited to public and private schools; libraries; transportation facilities; recreational facilities; entertainment and sporting venues; and other privately owned buildings or spaces the general public has access.

“Trauma Kit Designee”, a person trained and certified by a representative of the American College of Surgeons or an equivalent organization in the area of bleeding control.

- (B) All public buildings defined under subsection (A) shall be required to have clearly visible, centrally located, and easily accessible public access trauma kits or bleeding control kits as defined by subsection (A) and in a number adequate to service the population of the building at maximum capacity during a Mass Casualty Incident available and ready for use at all times.
 - (1) Any building falling under the purview of subsection (B) shall be required to have on staff an appropriately qualified trauma kit designee as defined by subsection (A)
 - (2) For the purposes of organizational efficiency, buildings that maintain automated external defibrillator (AED) pursuant to STATE law () may share the same storage space for the AED and the public access trauma kit or bleeding control kit as well as designate the same person both an AED provider and Trauma Kit Designee.
- (C) In order to ensure public safety, a person or entity that supplies a public access trauma kit or bleeding control kit shall do all of the following:
 - (1) Notify an agent of the local EMS agency of the existence, location, and contents of public access trauma kit or bleeding control kit acquired.
 - (2) Provide the acquirer of the public access trauma kit or bleeding control kit with all



not be liable for
resulting from
the rendering of
use of a public

bleeding control kit if that person or entity has complied with subsection (C).

(2) Any
person who, in good
faith and not for
emergency care
of a public

person who, in good
compensation, renders
or treatment by the use
access trauma kit or
bleeding control kit at the scene of an emergency is not liable for any civil damages resulting from any acts or omissions in rendering the emergency care if the public access trauma kit or bleeding control kit is checked for readiness after each use and at least once a year if it has not been used in the preceding year.

(3) A person or entity that provides first care provider training for the use of a public access trauma kit or bleeding control kit to a person who renders emergency care pursuant to subdivision (b) is not liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care.

(4) A person or entity that provides active shooter awareness training is not liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care.

(5) The protections specified in this section do not apply in the case of personal injury or wrongful death that result from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of a public access trauma kit or bleeding control kit.

Modelled after California AB909 (2017) and Massachusetts LD4327 (2018)

®

While the STOP THE BLEED® campaign seems like a commonsense approach to saving lives in the event of traumatic bleeding, passing legislation to mandate the installation of bleeding control kits and participating in STOP THE BLEED® training can encounter opposition. The following is a guidance on how to anticipate and respond to possible opposition to STOP THE BLEED® legislation.



The ACS COT advocates bleeding control kits in

places to ensure readily available access to resources in case there is a need to respond to a traumatic bleeding injury. Model state legislation has been created to mandate installation and maintenance of bleeding control kits in public buildings and places.

for the installation of public buildings and

California Senate Bill 687 (2021)

The ACS led bill in California (SB687 2021) to mandate the installation of bleeding control kits in public buildings and places encountered opposition from a group of associations representing property owners and managers as well as the state chamber of commerce. (See Appendix 1) The bill is based on the state law to require the installation of AEDs and sponsored by Senator Ben Hueso (D-40), the lead sponsor of the AED legislation.

The central arguments made against the bill include that building staff do not have medical training, emphasis on gun injuries, ability to maintain kits, liability concerns, and the estimated costs for installing are too much of a burden on building owners.

The way these arguments are presented indicate a misunderstanding by the opposition of what STOP THE BLEED® is and the intended purpose to train everyday citizens the ability to respond to a traumatic bleeding injury. The challenge for us is that the concerns raised, regardless of whether they are accurate, can be taken as face value by legislators that equally do not know about STOP THE BLEED®.

The following are suggested tactics to address concerns raised by potential opposition to legislation.

“Staff do not have medical training”

The purpose and goal of the STOP THE BLEED® campaign is an advanced form of first aid training for average individuals with no formal medical training on how to use techniques and resources such as gauze and tourniquets to treat and stabilize individuals with severe bleeding injuries until emergency medical responders arrive.

The American College of Surgeons as well as the American Red Cross or American Heart Association offer STOP THE BLEED® training to the public. The ACS can arrange a free training for building staff and tenants.

“Treating gunshot wounds is not equivalent to AEDs”

Gunshot injuries are one of numerous severe bleeding injuries that can occur and can be addressed using STOP THE BLEED® techniques. A severe bleeding injury can occur as a result of a fall, vehicle crash, mechanical accident, glass injury with laceration or trauma caused by a projectile to name only a few potential scenarios that could occur in a building to a visitor or tenant.

A severe bleeding injury requires

immediate attention that

basic first aid cannot provide. STOP THE BLEED® can provide an individual with critical extra minutes to receive medical care to help save their life, especially for non-truncal bleeding.

“It is difficult to maintain bleeding control kits”



The
bleeding
available
or
to materials easy to find.

components of a
control kit are readily
from numerous vendors
suppliers making access

Buildings are already required to maintain other safety tools such as fire extinguishers.
Most parts of kits do not expire, especially the tourniquets.

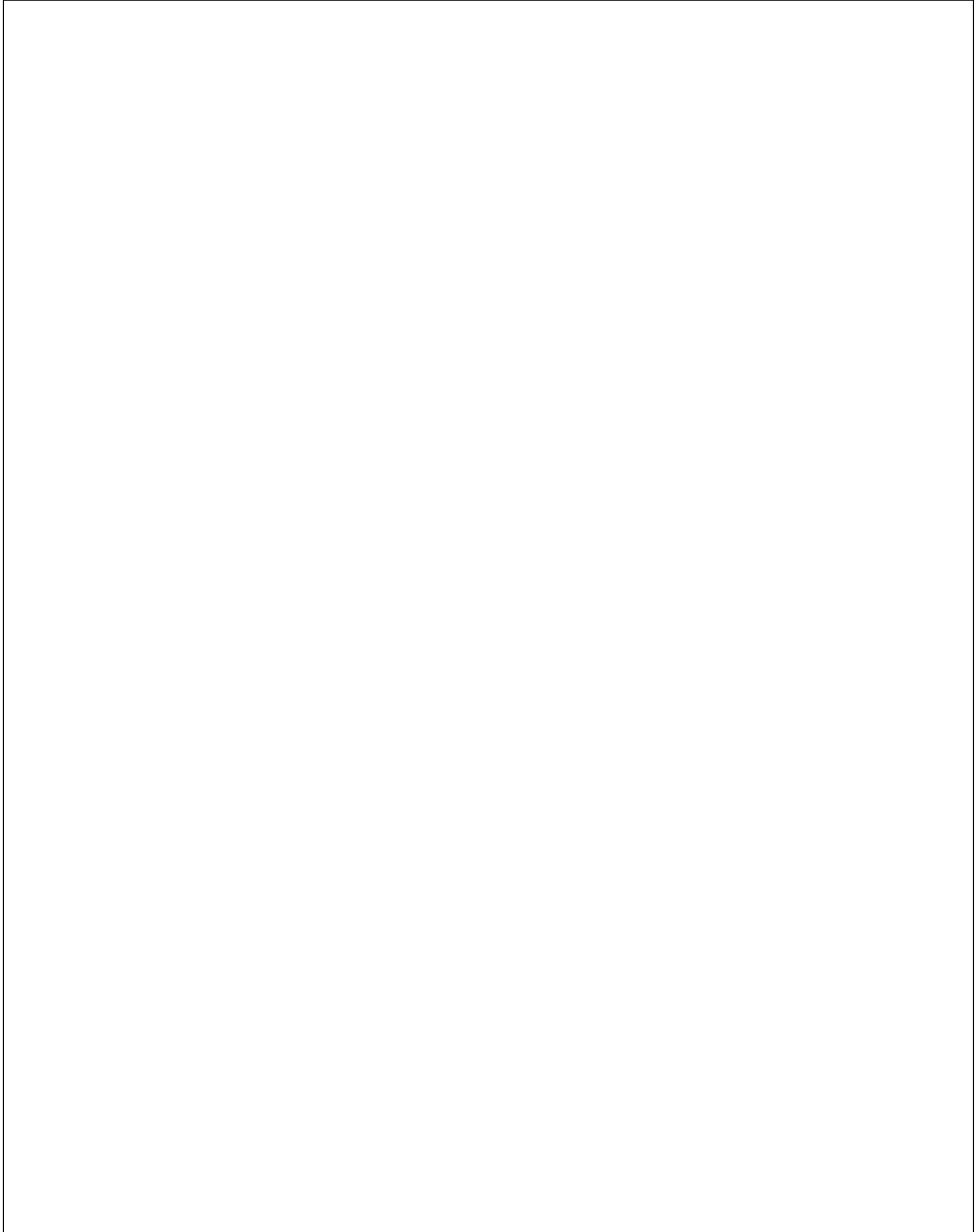
“ There are no liability protections”

Many states already have “ Good Samaritan” laws to providing individuals with legal
protections for helping an injured individual in need of assistance.

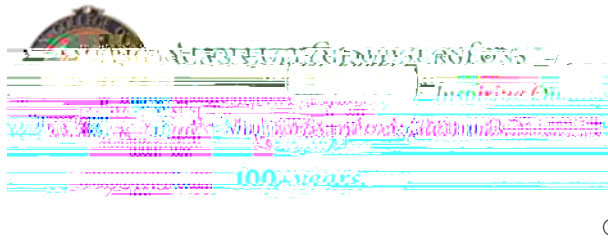
The bill provides additional clarifications to include individuals training in STOP THE
BLEED® and locations providing bleeding control kits from successful lawsuits.

“ The cost of installing bleeding control kits is too expensive”

There are numerous vendors and suppliers of bleeding control kits with a range of prices
for b 2 expire, especi



Modeled on South Carolina



House Bill 5003 (2018)

This measure would proclaim March 31st as STOP THE BLEED®®Day.

WHEREAS, When a person is losing blood, every minute counts, and the STOP THE BLEED®®campaign of the American College of Surgeons is informing Americans about vital measures to aid trauma victims; and



11/2017

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100 Years of Innovation
Honorable Mention
By: Representatives Peake of the 141st, Hatchett of the 150th, Dickey of the 140th, Fleming of the 121st, and Stephens of the 164th



1. The Georgia Trauma Foundation

The Georgia Trauma Foundation is a 501(c)(3) nonprofit organization that was established in 1997 to support the Georgia Trauma System. The foundation's mission is to improve the quality of trauma care in Georgia through research, education, and public awareness. The foundation has supported a variety of projects, including the development of a trauma registry, the creation of a trauma center, and the implementation of a trauma system. The foundation has also supported the development of a trauma center in the state's largest city, Atlanta.

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http://www.gtrauma.org

100 Years of Innovation

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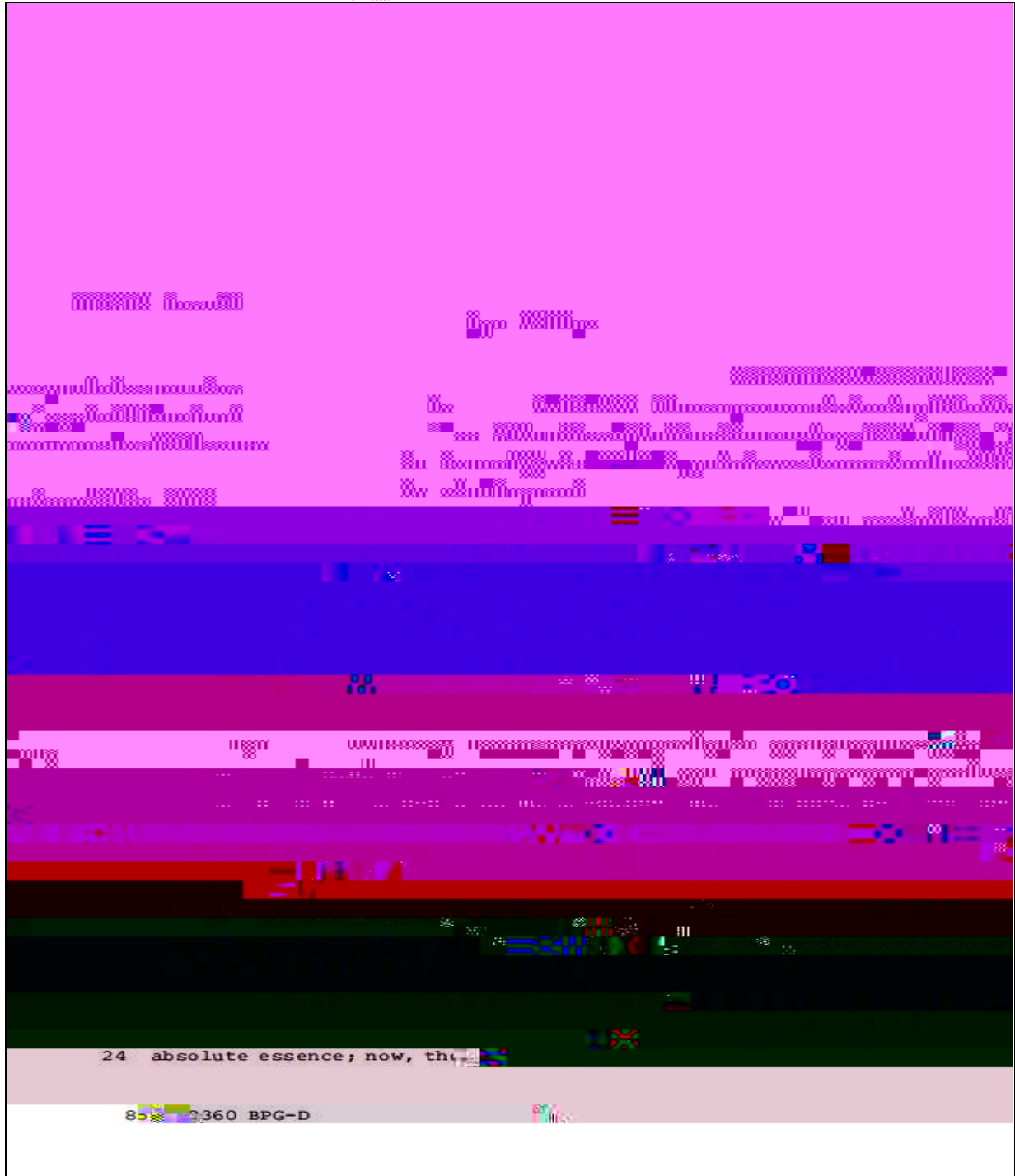
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http://www.gtrauma.org



DATE

LEGISLATOR
ADDRESS

RE: Legislat on to STOP THE BLEED®and Save Lives during Trauma Events Dear TITLE NAME:



Dear Legislator:

I am writing to urge you

to support BILL.

BILL would mandate the installation of trauma kits in public buildings throughout the state to use in the case of a mass casualty event to stop traumatic bleeding injuries and save lives. Similar to Automated External Defibrillators (AEDs), trauma kits are a simple and effective way to help save lives of victims suffering severe bleeding injuries as a result of a traumatic event by stopping the bleed while waiting for professional emergency responders to arrive. The legislation calls for the trauma kits to be installed just as AEDs are located in public places.

The American College of Surgeons Committee on Trauma in collaboration with the medical community, the federal government, US military and other governmental and nongovernmental emergency medical response organizations created recommendations called the Hartford Consensus following the tragic event at Sandy Hook Elementary School in Newtown, CT to develop resources to train people to take action on mass casualty trauma event. The "STOP THE BLEED®" campaign is a culmination of these recommendations as detailed at www.bleedingcontrol.org. The proposed legislation is in line with the Hartford Consensus and Bleeding Control course initiatives.

BILL is a major component to ensuring that lifesaving tools and resources are available to the public during a mass casualty event like Sandy Hook or the shootings in San Bernardino as well as in case of other traumatic events that cause severe bleeding injuries.

I urge you to support BILL.

Sincerely,

Name
Phone
Email

The STOP THE BLEED®
from the ACS led
determined that no one



Campaign came about
Hartford Consensus that
should die from