

**SENATE JUDICIARY COMMITTEE**  
**Senator Thomas Umberg, Chair**  
**2023-2024 Regular Session**

AB 70 (Rodriguez)  
Version: December 12, 2022  
Hearing Date: June 27, 2023  
Fiscal: Yes  
Urgency: No  
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**SUBJECT**

Emergency response: trauma kits

**DIGEST**

This bill expands the universe of public and private buildings that are required to maintain a trauma kit on the building's premises. The bill thus extends existing qualified immunity with respect to these additional kits and buildings.

**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.

Last session, legislation was passed into law that required "trauma kits," first aid response kits that contain certain materials, including tourniquets, pressure dressings, chest seals, and instructional documents to be placed in specified public and private buildings. The law immunizes those placing the kits, as specified.

This bill expands the universe of buildings that are subject to this requirement, thereby extending the qualified immunity to those placing the kits in these new buildings under the same conditions.

This bill is sponsored by the American Red Cross and the American College of Surgeons. It is supported by various organizations, including the California School Boards Association. There is no known opposition. The bill passed out of the Senate Health Committee on a 12 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) Establishes the Tactical Response to Traumatic Injuries Act. (Civ. Code § 1714.29 et seq.)
- 4) Defines “trauma kit” to mean a first aid response kit that contains at least certain specified materials, including a tourniquet, scissors, a bleeding control bandage, and instructional documents developed by one of specified agencies, including the federal Stop the Bleed campaign. (Civ. Code § 1714.29(a); Health & Saf. Code § 19305.)
- 5) 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. (Civ. Code § 1714.29(c).)
- 6) 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. (Civ. Code § 1714.29(e).)
- 7) 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 at least six trauma kits on the premises of the building or facility;
  - b) 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;

- c) if a property managing entity or person is aware, or reasonably should be aware, that a trauma kit has been used, 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; and
  - d) 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. (Health & Saf. Code § 19310.)
- 8) Applies the above requirement to the following structures, including those owned by a local governmental entity, that are constructed on or after January 1, 2023:
- a) Group A assembly buildings with an occupancy of greater than 300;
  - b) Group B business buildings with an occupancy of 200 or more;
  - c) Group E educational buildings with an occupancy of 200 or more;
  - d) Group F factory buildings with an occupancy of 200 or more;
  - e) Group I institutional buildings with an occupancy of 200 or more;
  - f) Group M mercantile buildings with an occupancy of 200 or more; and
  - g) Group R residential buildings with an occupancy of 200 or more, excluding single-family and multifamily dwelling units. (Health & Saf. Code § 19310(a).)
- 9) 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. A property managing entity is also civilly immune from damages resulting from the failure, improper operation, or malfunction of equipment or materials within a properly stocked trauma kit. (Health & Saf. Code § 19310(c).)
- 10) 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 and maintenance of the trauma kit. (Health & Saf. Code § 19307.)
- 11) 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.)

This bill:

- 1) Expands the structures that must comply with the trauma kit requirements described above to structures that are constructed prior to January 1, 2023 but are modified, renovated, or tenant improved subsequent to that date.
- 2) Provides that a structure shall be considered modified, renovated, or tenant improved if the structure is subject to any of the following on or after January 1, 2024:
  - a) \$100,000 of tenant improvements in one calendar year;
  - b) \$100,000 of building renovations in one calendar year; or
  - c) any tenant improvement for places of assembly, including auditoriums and performing arts and movie theaters.

### 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, AB 2260 (Rodriguez, Ch. 586, Stats. 2022) established the Tactical Response to Traumatic Injuries Act, requiring placement of trauma kits in specified buildings. To ensure safety, the law requires periodic inspections, restocking, as provided, and tenant notifications and instructions.

Relevant here, the law 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 if they comply with the provisions of the law. 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.) In addition the law provides immunity for those managing the buildings from civil damages resulting from the failure, improper operation, or malfunction of equipment or materials within a properly stocked trauma kit.

The law 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. However, as noted in this Committee's analysis of AB 2260, 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, the 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 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.)

This bill simply expands the scope of the Tactical Response to Traumatic Injuries Act to include older buildings that have been modified, renovated, or tenant improved, as defined. This therefore similarly expands the scope of the liability limitations of existing law. Those provisions incentivize the provision of emergency care, compliance with the law, and 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. The policy goals justifying AB 2260 similarly apply here.

According to the author:

Last year, the Governor signed AB 2260 (Rodriguez, Chapter 586, Statutes of 2022) to require newly constructed specified buildings to have trauma kits on site. This year, I am authoring AB 70 to continue this effort to ensure we are prepared with the necessary tools to help ‘STOP THE BLEED’ in as many buildings as possible. As a career first responder, I understand how critical the first few minutes are when a patient is experiencing blood loss. Increasing the number of buildings equipped with trauma kits so that bystanders can serve as immediate responders will allow our state to be better prepared for whenever and wherever tragedy strikes.

The American Red Cross writes in support:

The American Red Cross is supportive of increasing the availability of trauma kits, allowing for emergency medical care in the case of traumatic events.

Accidents, natural disasters and shootings can happen without warning. Emergency situations like these turn average citizens into first responders in an instant. Trauma kits are an essential tool that can make a difference and potentially save lives. By requiring certain buildings to acquire and make available trauma kits, we increase the safety of tenants.

### **SUPPORT**

American Red Cross (co-sponsor)

American College of Surgeons (co-sponsor)

American College of Surgeons, Northern California Chapter

American College of Surgeons, San Diego-Imperial Chapter

American College of Surgeons, Southern California Chapter

California School Boards Association

Emergency Nurses Association, California State Council  
Two individuals

**OPPOSITION**

None known

**RELATED LEGISLATION**

Pending Legislation: None known.

Prior Legislation:

AB 2260 (Rodriguez, Ch. 586, Stats. 2022) *See* Comment 2.

SB 687 (Hueso, 2021) was substantially similar to AB 2260. However, it required the person or entity responsible for managing the building, facility, and tenants to comply with all regulations governing the placement of a trauma kit and afforded less immunity to them. SB 687 died in the Assembly Appropriations Committee.

SB 1305 (Glazer, Ch. 900, Stats. 2018) permitted 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 ensured existing immunity laws apply.

AB 1766 (Maienschein, Ch. 270, Stats. 2018) provided 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 applied conditional liability protections to those acquiring or using these AEDs.

**PRIOR VOTES:**

Senate Health Committee (Ayes 12, Noes 0)  
Assembly Floor (Ayes 78, Noes 0)  
Assembly Appropriations Committee (Ayes 15, Noes 0)  
Assembly Judiciary Committee (Ayes 11, Noes 0)  
Assembly Health Committee (Ayes 13, Noes 0)

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