

# HOUSE BILL REPORT

## ESB 5790

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### As Passed House - Amended:

February 27, 2024

**Title:** An act relating to bleeding control equipment in schools.

**Brief Description:** Concerning medical equipment in schools.

**Sponsors:** Senators Dhingra, Wellman, Kuderer, Nobles, Trudeau, Hunt, Fortunato, Hasegawa, Lovick, Saldaña, Stanford, Valdez, Van De Wege and Wilson, C..

### Brief History:

#### Committee Activity:

Education: 2/15/24, 2/19/24 [DP].

#### Floor Activity:

Passed House: 2/27/24, 95-0.

### Brief Summary of Engrossed Bill (As Amended by House)

- Requires school districts, charter schools, and state-tribal education compact schools, beginning in the 2026-27 school year, to have bleeding control equipment on each school campus.

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## HOUSE COMMITTEE ON EDUCATION

**Majority Report:** Do pass. Signed by 15 members: Representatives Santos, Chair; Shavers, Vice Chair; Rude, Ranking Minority Member; McEntire, Assistant Ranking Minority Member; Bergquist, Couture, Eslick, Harris, McClintock, Nance, Ortiz-Self, Pollet, Steele, Stonier and Timmons.

**Staff:** Ethan Moreno (786-7386).

### Background:

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

School districts and public schools are subject to numerous health and safety requirements, including obligations for district-adopted "safe school plans" that address emergency preparedness, mitigation, response, and recovery, and provisions for the possession, use, and storage of medications to assist persons experiencing certain medical emergencies. School districts also have express authorizations for possessing and maintaining certain emergency medical items on school campuses, including opioid reversal medication and epinephrine autoinjectors.

### **Summary of Amended Bill:**

Beginning in the 2026-27 school year, each school district must, on each school campus, maintain and make available to school employees and volunteers, bleeding control equipment for use in a traumatic injury involving blood loss.

The bleeding control equipment, which must be stored in an easily accessible area of each school campus and inspected according to specified requirements, must include:

- a tourniquet endorsed by or approved for use in battlefield trauma care by the United States Department of Defense Committee on Tactical Combat Casualty Care;
- a compression bandage;
- a bleeding control bandage;
- latex-free gloves;
- permanent markers;
- scissors; and
- instructional documents developed by the United States Department of Homeland Security, the American College of Surgeons, or a similar organization detailing methods to prevent blood loss following a traumatic event.

In addition to the required items, schools may include other medical materials and equipment that:

- are approved by local law enforcement or first responders;
- can adequately treat a traumatic injury; and
- can be stored with the readily available bleeding control equipment.

School districts must have a minimum of two employees per school who have completed required training. If a school has more than 1,000 students, it must have one trained employee per 500 students.

School districts may satisfy the training requirements by using in-person and online trainings produced by the United States Department of Homeland Security, the American College of Surgeons, or similar organizations. The training must include:

- the proper application of pressure to stop bleeding;
- the application of dressings and bandages;
- other pressure techniques to control bleeding; and
- the correct application of tourniquets.

The requirements for school districts apply also to charter schools and state-tribal education compact schools.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) An earlier iteration of this bill was based on "stop the bleed" kits. These kits save lives and more than three million people have been certified to use them. Bleeding emergencies can happen at any time, and the kits, along with automated external defibrillators (AEDs), should be in all schools.

Parents, medical professionals, and others have recommended that school personnel be trained to use "stop the bleed" kits. Some schools already have trained personnel and the kits. If you have the kits and AEDs, you will have fewer casualties at schools.

The number one cause of death for people under age 40 is injury, and the primary cause of death for those who die before reaching a trauma center is bleeding. The average time for a first responder to arrive on the scene after a 911 call is seven minutes, but much longer for rural areas. Deaths can be prevented by citizen bystanders with proper training and "stop the bleed" kits. This bill provides the tools for citizens, school personnel, and others to save lives.

After the Uvalde, Texas, school shooting, parents and others decided to make school staff and communities safer by promoting bleeding control kits in schools. The kits should be in all schools. The reality of school shootings is undeniable and policymakers must provide for training in life saving practices to make schools safer before first responders can arrive.

Schools should be the safest part of communities, but elected representatives are not doing their jobs to make kids safe. As a result, students, teachers, and trauma surgeons are asking for support to help themselves with bleeding control kits. Gun violence happens at schools and the easy-to-use kits are essential, will save lives, and will make students feel more empowered.

(Opposed) None.

**Persons Testifying:** Rian Alam; Krestin Bahr; Tiffany Crabb; Scott Brakenridge, American College of Surgeons Committee on Trauma, Washington State Chapter; and

Anna Leslie, Seattle Public Schools.

**Persons Signed In To Testify But Not Testifying:** None.