



American College of Surgeons Bleeding Control Legislative Toolkit

This document is a resource for ACS Chapters, Fellows, and Committee on Trauma (COT) advocates to promote the [STOP THE BLEED®](#) program and advocate for bleeding control opportunities in the states. Overall, this toolkit can be used to help develop a Chapter bleeding control training and demonstration at a state capitol in conjunction with a lobby day as well as other opportunities to promote STOP THE BLEED® trainings and public access to bleeding control kits.

Included in the document are the following:

1. History and background of STOP THE BLEED®
2. STOP THE BLEED® Program Opportunity
3. Model Legislation/Sample Resolutions
4. Sample letter to legislators
5. Sample action alert
6. Sample media advisory
7. List of resources



History and Background

The Hartford Consensus

The Hartford Consensus formed as a result of the Sandy Hook shooting the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events was convened by the American College of Surgeons (ACS) in collaboration with the medical community and representatives from the federal government, the National Security Council, the U.S. military, the Federal Bureau of Investigation, and governmental and nongovernmental emergency medical response organizations, among others.

The committee was formed under the guidance and leadership of trauma surgeon Lenworth M. Jacobs, Jr., MD, MPH, FACS, vice president of academic affairs and chief academic officer at Hartford Hospital, and professor of surgery, University of Connecticut School of Medicine, to create a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events.

Since 2013, the Committee has met four times to develop principles that comprise the [Hartford Consensus](#).

The overarching principle of the Hartford Consensus is that in intentional mass-casualty and active shooter events, no one should die from uncontrolled bleeding. An acronym to summarize the necessary response is THREAT:

- T**hreat suppression
- H**emorrhage control
- R**apid Extrication to safety
- A**ssessment by medical providers
- T**ransport to definitive care

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.

Public Training

The public can and should act as immediate responders to stop bleeding from all hazards, including active shooter and intentional mass casualty events. As such, the ACS Committee on Trauma have put significant emphasis on the development and availability of bleeding control training programs to enable the public to respond to victims of a trauma event to stop or slow life-threatening bleeding until professional emergency responders arrive.



The ACS COT believes that, similar to CPR training, bleeding control training programs should be available to the public and, as with automatic external defibrillators, bleeding control equipment should be readily available in public and private locations so people can easily and rapidly access the equipment.

Engaging State Government

To fulfil the goals set forth by the Hartford Consensus, the ACS encourages ACS Chapters to work with State COT Committees to advocate state legislatures and administration on the public safety benefit of government endorsed bleeding control training and public funding for the placement of bleeding control kits in public places such as schools, government buildings, commercial centers and other locations where large numbers of people gather that could be a location for a mass casualty incident.

ACS Chapters and State COT Committees can engage state legislators by conducting bleeding control trainings at the state capitol during a Chapter lobby day to train legislators, staff, and capitol personnel such as the state police, lobby for legislation to fund public placement of bleeding control kits, inclusion of bleeding control training in state emergency planning, and passage of resolutions highlighting the importance of trauma preparedness.



STOP THE BLEED® Training Program Opportunity

A significant component of the STOP THE BLEED® campaign is the bleeding control training program that provides hands-on instruction on how to respond and use a bleeding control kit in a traumatic event. Some ACS Chapters have incorporated STOP THE BLEED® demonstrations and trainings as part of their lobby day activities.

In 2017, the Georgia Society of the American College of Surgeons conducted trainings inside the state capitol building to train legislators and capitol personnel including state police. Similarly, the North and South Texas Chapters set up a demonstration table in the Texas state capitol to showcase the components of the bleeding control kit. The chapters also provided sample kits to legislators and staff (consult legislative ethics rules on gifts prior to giving kits to legislators and staff).

Also in 2017, the three California ACS Chapters sponsored a STOP THE BLEED® training at the capitol during their lobby day. It gave them the opportunity to advocate for AB 909, legislation requiring the placement of bleeding control kits in public buildings throughout the state.

It is advised that Chapters work with ACS Committee on Trauma staff to organize and implement a STOP THE BLEED® training or demonstration as part of your lobby day or other Chapter activity.

Bleeding control kits can be purchased at www.STOPTHEBLEED.org.

For more information on STOP THE BLEED® trainings and materials contact:

Marie Gilliam

Manager, STOP THE BLEED® Program

312-202-5376

mgilliam@facs.org



Model Legislation Bleeding Control Kits in Public Places

A BILL TO AMEND THE CODE OF LAWS BY ADDING SECTION TO REQUIRE THE PLACEMENT OF BLEEDING CONTROL KITS IN PUBLIC LOCATIONS, TO SPECIFY THE REQUIRED CONTENTS OF BLEEDING CONTROL KITS, TO PROVIDE REQUIREMENTS CONCERNING THE USE AND MAINTENANCE OF BLEEDING CONTROL KITS, AND TO PROVIDE CERTAIN IMMUNITY FROM CIVIL LIABILITY RELATED TO THESE REQUIREMENTS¹

SECTION 1. Code is amended by adding:

(A) For purposes of this section, the following terms shall have the following meanings:

“public access trauma kit” or “bleeding control kit” means a first aid response kit that contains at least all of the following:

- (1) One Tourniquet endorsed by the Committee on Tactical Combat Casualty Care;
- (2) Bleeding Control bandage;
- (3) Compression bandage;
- (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 max 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 (*where applicable*) 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 information governing the use, installation, operation, training, and maintenance of the public access trauma kit or bleeding control kit.

(D) (1) A person or entity that acquires a public access trauma kit or bleeding control kit for emergency care for a structure included in subsection (B) that is constructed and occupied shall not be liable for any civil damages resulting from any acts or omissions in the rendering of the emergency care by use of a public access trauma kit or bleeding control kit if that person or entity has complied with subsection (C).

(2) Any person who, in good faith and not for compensation, renders emergency care or treatment by the use of a public 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)



Responding to Advocacy Opposition to STOP THE BLEED® Legislation

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.

Bleeding Control Kits in Public Buildings Legislation

The ACS COT advocates for the installation of bleeding control kits in public buildings and 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.

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 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 components of a bleeding control kit are readily available from numerous vendors or suppliers making access to materials easy to find.
- 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 superfluous 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 buyers to comparison shop.

Other arguments to make in support of bleeding control kits in public places.

- Currently there are several places that have proactively installed bleeding control kits in their facilities including the (local airport), (local stadium), (local schools and businesses), etc.
- The legislation ensures that bleeding control kits are available in as many locations as possible because a traumatic bleeding injury can and does take place in any setting. Having access to the tools in a bleeding control kit can increase the opportunity to save a life.



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June 29, 2021

TO: The Honorable Jim Wood, Chair, Assembly Health Committee
The Honorable Chad Mayes, Vice Chair, Assembly Health
All Members, Assembly Health Committee

FR: California Business Properties Association
Building Owners and Managers Association of California
NAIOP of California
International Council of Shopping Centers

RE: **SB 687 (Hueso) Tactical Combat Casualty Care Tourniquet Mandate - OPPOSE**

The above organizations regretfully oppose SB 687, a bill that requires building managers to install and provide training material on how to use a tourniquet meant for tactical combat casualty care.

SB 687 is inappropriately mirroring the statute for that was carefully negotiated to fix issues related automated external defibrillator (AED) several years ago. AEDs are technology that need a connection to the building's energy supply and at one point they also needed frequent monitoring and that is why buildings/building code were part of that discussion. Trauma kits do not need any power supply or physical connection to the building at all and, thankfully, have much less demand for use.

PROPERTY MANAGERS SHOULD NOT PROVIDE MEDICAL TRAINING

Property managers are very competent at managing tenant needs assuring building mechanical systems are operational, but are not medical experts. This bill requires them under state law to provide complicated medical equipment and training on how to use tourniquets and other emergency medical technics is misplaced and should be accomplished by other, more reasonable means.

AED USE REQUIRES NO TRAINING/CAUSE NO HARM

Cardiac arrest is a likely issue that building managers/owners will have to deal with in all buildings and AEDs are "foolproof" meaning if someone tries to inappropriately use one, you theoretically cannot harm the patient.

TREATING A GUNSHOT IS NOT EQUIVALENT TO USING AN AED

This is not the case with trauma kits misapplication of a tourniquet could result in the unnecessary loss of a limb; treating a gunshot wound to the chest is in no way equivalent to using an AED.

This is an inappropriate responsibility to put on property managers.

REQUIREMENTS ALREADY EXIST

Cal-OSHA already requires certain employers to maintain First Aid Kits. We suggest the sponsors work through the existing Cal-OSHA process to expand the requirements found in California Code of Regulations, Title 8, §1512. Emergency Medical Services. Sponsors may want to consider expanding the existing Cal-OSHA requirement through the regulatory process.



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NO STATEWIDE STANDARD EXISTS FOR TRAUMA KITS

SB 687 references multiple different training standards for training and for what qualifies as a trauma kit that will meet the requirements of the law. The vast array of certifications and kit types is very confusing to non-emergency medical personnel.

There should be no such mandate until there is an easily understandable minimum certification standard that non-medical emergency personnel can understand for trauma kits in California so there is no confusion about what is required.

EXPIRATION REQUIREMENTS VAGUE AND DIFFICULT TO MEET

As written, SB 687 also requires property managers to open the trauma kit to check on expiration dates on the various individual components. Opening a trauma kit to check expiration runs the risk of contaminating the kit and puts an unnecessary burden on someone with no medical training to assure that a kits is good to use.

At a minimum, the bill should require an external expiration date to be clearly marked on the outside of the kit so it can be checked without being opened.

NO PROTECTIONS AGAINST TAMPERING

The bill requires emergency medical kits to be installed in places where anyone can access them yet provides no protections to property managers when one of these kits is tampered with or stolen or vandalized. These kits are in public spaces and subject to mistreatment.

The bill should have a liability safe-harbor to account for malicious activity.

NARROW THE BILL TO PUBLIC FACILITIES

This bill was triggered by an incident at a county facility. Sponsors may want to consider asking the governor to issue an Executive Order for state/local buildings where the public gathers.

LIABILITY PROTECTIONS ARE INADEQUATE

SB 687 expands H&S 1799.100, but only covers persons who provide training in the use of the trauma kit. The Good Samaritan law protects people who render aid so that does not help property owners/managers/employers and the term is not usually used in the context of the those who train rather than in the context of those who actually render aid.

SB 687 says in 19310(d)(6) says property owners have to provide tenants with instructions in the use of the trauma kit from the training documents. Providing documents is not “training,” so the expansion of 1799.100 will not protect property owners/managers/employers from a claim that we didn’t provide the right instructions.

At a minimum, the bill should delete 19310(d)(6), or include persons who provide any instructions in 1714.29 (c) as another category for whom 1799.100 applies, change the language on what landlords have to provide to tenants to be just providing them with a link to the website where instructions may be obtained, rather than providing instructions “from the training documents described in subdivision (e) of Section 19305.”

Although the intent behind SB 687 is commendable, this bill represents an inappropriate mandate on property managers and building owners that should be addressed through other means. Using a tourniquet or treating a gunshot wound is in no way comparable to using an AED and we oppose putting such requirements into statute.

Please contact Matthew Hargrove, California Business Properties Association (CBPA) (mhargrove@cbpa.com or 916-248-9433) if you have any question or would like additional information.



Model Legislation Bleeding Control Kits in Public Schools

A BILL TO AMEND THE CODE OF LAWS BY ADDING SECTION TO REQUIRE THE PLACEMENT OF BLEEDING CONTROL KITS IN ALL PUBLIC SCHOOLS, TO SPECIFY THE REQUIRED CONTENTS OF BLEEDING CONTROL KITS, TO REQUIRE CERTAIN TRAINING OF DISTRICT EMPLOYEES WHO ARE REASONABLY EXPECTED TO USE BLEEDING CONTROL KITS, TO INTEGRATE USE OF BLEEDING CONTROL KITS INTO DISTRICT EMERGENCY PLANS AND EMERGENCY DRILLS, TO PROVIDE REQUIREMENTS CONCERNING THE USE AND MAINTENANCE OF BLEEDING CONTROL KITS, AND TO PROVIDE CERTAIN IMMUNITY FROM CIVIL LIABILITY RELATED TO THESE REQUIREMENTS. ⁱⁱ

Be it enacted by the General Assembly of the State:

SECTION 1. Code is amended by adding:

(A) For purposes of this chapter, 'bleeding control kit' means a first aid response kit that contains at least all of the following:

- (1) one tourniquet endorsed by Committee on Tactical Combat Casualty Care;
- (2) compression bandage;
- (3) bleeding control bandage;
- (4) protective gloves and marker;
- (5) scissors;
- (6) instructional documents developed by 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.

(B) Subject to appropriations by the General Assembly, each school district shall develop and implement a 'STOP THE BLEED[®]' program meeting the requirements of this section for each public school in the district beginning with the School Year. The program must include provisions that:

- (1) require bleeding control kits be assigned to designated rooms in universal and easily accessible locations to be determined through the school district safety director or local first responders;



- (2) include bleeding control kits in the emergency plans of the district and schools in the district, including the presentation and use of the kits in all drills and emergencies;
 - (3) require all district employees who are reasonably expected to use a bleeding control kit, as determined by the district superintendent or his designee, to obtain appropriate training in the use of the kit, including the proper application of pressure to stop bleeding, the application of dressings, bandages, additional pressure techniques to control bleeding, along with the correct application of tourniquets;
 - (4) includes bleeding control kits in school inventories to be annually inspected with school inventories to ensure that materials, supplies, and equipment contained in the bleeding control kit are not expired, and replace any expired materials, supplies, and equipment as necessary; and
 - (5) restock a bleeding control kit after each use and replace any materials, supplies, and equipment as necessary to ensure that all materials, supplies, and ensure the kit contains all required equipment.
- (C) The department shall develop training for the use of bleeding control kits, which the department may satisfy by using training available from the American College of Surgeons or another similar organization.
- (D) (1) A person or entity acting in good faith and gratuitously is immune from civil liability for the use of a bleeding control kit unless his is grossly negligent in its use.
- (2) A designated bleeding control kit user meeting the requirements of subsection (B) and acting according to the required training is immune from civil liability for the application of a bleeding control kit unless the application was grossly negligent.
- (3) A person or entity acquiring a bleeding control kit and meeting the requirements of this section is immune from civil liability for the use of the bleeding control kit by any person or entity described in items (1) or (2)."

SECTION 2. This act takes effect DATE.

Modeled on South Carolina House Bill 5003 (2018)



Model State Resolution for STOP THE BLEED® Day®

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

WHEREAS, The initiative was created in the wake of the 2012 mass shooting at Sandy Hook Elementary School; the American College of Surgeons convened senior health care and public safety leaders to produce a program that will improve survival for victims suffering from bleeding injuries, and their review led to development of the STOP THE BLEED® campaign; and

WHEREAS, in STATE, implementation of the program is being guided by INSERT NAME, a member of the American College of Surgeons Committee on Trauma and STATE CHAPTER of the American College of Surgeons; and

WHEREAS, Because a trauma victim can bleed to death within five minutes, before professional emergency care arrives, the program teaches citizens bleeding-control methods developed by the military and first responders to help citizens become immediate responders; and

WHEREAS, STOP THE BLEED® also provides kits that include such tools as tourniquets, dressings, and topical hemostatic agents to help bystanders offer swift assistance at the scene of a mass casualty or other incident; and

WHEREAS, these trauma kits can be affixed to walls in public places, much like the cardiac defibrillators with which most modern buildings are furnished; and

WHEREAS, The STOP THE BLEED® campaign is empowering citizens across the country to save lives in situations when time is of the absolute essence; and

WHEREAS, March 31st has been designated as the National STOP THE BLEED® Day® by the American College of Surgeons Committee on Trauma; therefore, be it

RESOLVED, By the Legislature of STATE hereby recognize the STOP THE BLEED® campaign and encourage all STATE'S CITIZENS to participate in the initiative and learn more about the importance of bleeding-control measures; and be it further

RESOLVED, That March 31st is designated as STOP THE BLEED® Day® in the State of STATE.



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Georgia Resolution (Double Click Image for Full Text)

2/3/2017

Created by BCL easyConverter SDK 4 (HTML Version)

17

LC 115 0045

House Resolution 160

By: Representatives Peake of the 141st, Hatchett of the 150th, Dickey of the 140th, Fleming of the 121st, and Stephens of the 164th

A RESOLUTION

1 Commending the Georgia Trauma Commission (GTC), the Georgia Trauma Foundation
2 (GTF), the Georgia Society of the American College of Surgeons (GSACS), and GTC
3 Chairman Dr. Dennis Ashley and recognizing February 7, 2017, as Trauma Awareness Day
4 at the capitol; and for other purposes.

5 WHEREAS, a traumatic injury is a blunt force or penetrating physical injury that requires
6 surgical and other medical specialists to consult, observe, or perform surgery in order to
7 optimize recovery; and

8 WHEREAS, a trauma system involves the coordination of trauma care delivery among
9 trauma centers, emergency medical services, state and local governments, and other
10 healthcare resources; and

11 WHEREAS, trauma centers are classified as Level I through IV dependent upon the amount
12 of equipment, staff, and care provided; and

13 WHEREAS, trauma is the leading cause of death in the United States for people ages one
14 through 44 and the fourth leading cause of death for all ages; and

15 WHEREAS, the death or disability rate decreases by 20 to 40 percent in areas with
16 established trauma systems; and

17 WHEREAS, uncontrollable bleeding is the leading cause of preventable death from traumatic
18 injury; and

Georgia Resolution (Double Click Image for Full Text)



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Texas Resolution (Double Click Image for Full Text)

By: Ashby

H.C.R. No. 61

CONCURRENT RESOLUTION

1 WHEREAS, When a person is losing blood, every minute counts,
2 and the Stop the Bleed campaign of the U.S. Department of Homeland
3 Security is informing Americans about vital measures to aid trauma
4 victims; and

5 WHEREAS, The initiative was created in the wake of the 2012
6 mass shooting at Sandy Hook Elementary School; at the request of the
7 governor of Connecticut, Dr. Lenworth Jacobs convened a panel of
8 experts, among them the American College of Surgeons, and their
9 review led to development of the Stop the Bleed campaign; in Texas,
10 implementation of the program is being guided by Dr. J. Patrick
11 Walker of Crockett, a member of the American College of Surgeons
12 Committee on Trauma; and

13 WHEREAS, Because a trauma victim can bleed to death within
14 five minutes, before professional emergency care arrives, the
15 program teaches citizens bleeding-control methods developed by the
16 military and first responders; Stop the Bleed also provides kits
17 that include such tools as tourniquets, dressings, and topical
18 hemostatic agents to help bystanders offer swift assistance at the
19 scene of a mass casualty or other incident; these kits are affixed
20 to walls in public places, much like the cardiac defibrillators
21 with which most modern buildings are furnished; and

22 WHEREAS, The Stop the Bleed campaign is empowering citizens
23 across the country to save lives in situations when time is of the
24 absolute essence; now, therefore, be it

85R9360 BPG-D

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Texas Resolution (Double Click Image for Full Text)



Sample Chapter Letter to Legislators

DATE

LEGISLATOR

ADDRESS

RE: Legislation to STOP THE BLEED® and Save Lives during Trauma Events

Dear TITLE NAME:

On behalf of the members of the CHAPTER of the American College of Surgeons, 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 Electronic 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 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 mass casualty events such as the Sandy Hook elementary school and Orlando night club shootings as well as in case of other traumatic events that cause severe bleeding injuries.

I urge you to support BILL. The first step to saving lives is stopping the bleed.

Sincerely,

NAME

Chapter President



Sample Action Alert – Funding for Trauma Kits

Intro Text for SSLAC

A proposed bill in the legislature, 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.

Contact your Assembly member today and urge them to support BILL.

Similar to Automated Electronic 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.

Utilize the prepared message below to send an email to your Legislator TODAY.

Email to Legislators

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 Electronic 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 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,



Sample Media Advisory

Contact

Name
Phone
Email

Surgeons Promote STOP THE BLEED® Campaign in State Capitol; Call for Public Awareness and Action to Save Lives

CITY – On DATE, Surgeon Fellows of the STATE Chapter of the American College of Surgeons (ACS) will be meeting with state legislators in the capitol to educate lawmakers about the STOP THE BLEED® Campaign of the American College of Surgeons and demonstrate the importance of being prepared to save lives in mass casualty situations.

The STOP THE BLEED® Campaign came about from the ACS led Hartford Consensus that determined that no one should die from uncontrolled bleeding as a result of a traumatic injury and that all citizens should know how to act and have access to resources to control bleeding injuries in the same manner that education and resources are made available for CPR and defibrillators.

“The best tool that we have to save lives in a mass trauma situation is a well-trained public with readily available access to basic bleeding resources such as a tourniquet and gauze,” says NAME. “STOP THE BLEED® training should be just as well-known and widely available as training for using CPR and defibrillators.”

[State Representative NAME introduced House Resolution NUMBER to “recognize the STOP THE BLEED® campaign and encourage all citizens to participate in the initiative and learn more about the importance of bleeding control measures.”]

A table with information and demonstrations about STOP THE BLEED® will be available in the LOCATION on DATE from TIME.



Contact

For questions, requests for further information or assistance with advocacy initiatives regarding Bleeding Control legislation, contact Christopher Johnson, Manager State Affairs at (202) 672-1502 or at CJohnson@facs.org.

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

ⁱⁱ Modeled on South Carolina House Bill 5003 (2018)