

## **BILL ANALYSIS**

C.S.H.B. 496  
By: Gervin-Hawkins  
Public Education  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

As part of recent efforts to improve school safety in the context of school shootings and other serious threats, there have been calls to improve first aid-related resources and other safety equipment. C.S.H.B. 496 seeks to provide for such an improvement by requiring the development and implementation of a bleeding control station program at each campus of a public school district and open-enrollment charter school, including associated personnel training.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 496 amends the Education Code to require each public school district and open-enrollment charter school, not later than January 1, 2020, to develop and implement at each campus of the district or school a bleeding control station program that meets the following criteria:

- ensures that bleeding control stations are stored in easily accessible areas of the campus that are selected by the district's school safety and security committee or the charter school's governing body;
- includes the use of bleeding control stations in any security planning measure or protocol adopted by a district or by a charter school's governing body;
- requires that training approved by the Texas Education Agency (TEA) on the use of a bleeding control station in the event of an injury to another person be provided to each commissioned district peace officer or school security personnel, each school resource officer who provides law enforcement at the campus, and all other district or school personnel who may be reasonably expected to use a bleeding control station; and
- requires each student enrolled in grade seven or higher at the campus to annually receive instruction on the use of a bleeding control station from a school resource officer or other appropriate district or school personnel who has received the required training.

C.S.H.B. 496 exempts a student from receiving instruction on the use of a bleeding control station if the student has a disability that makes participating in the instruction impractical or the

student's parent or guardian does not consent to the student receiving the instruction. The bill requires the commissioner of education to adopt guidelines to ensure that districts and charter schools provide notice to a parent of each child enrolled at a district or school campus regarding such instruction and that parents are provided the opportunity to remove the parent's child from the instruction. The bill sets out requirements for the contents, annual inspection, and restocking of the bleeding control station.

C.S.H.B. 496 requires TEA, not later than October 1, 2019, to approve appropriate training in the use of a bleeding control station. The bill authorizes TEA to approve for purposes of the personnel training requirement a course of instruction that has been developed or endorsed by the American College of Surgeons or a similar organization or by the emergency medicine department of a health-related institution of higher education or a hospital. The bill prohibits the course from being provided as an online course and sets out requirements relating to the course contents and instructor qualifications. The bill expressly does not require the course to provide for certification in bleeding control, but if the course does provide for such certification, the instructor must be authorized to provide the instruction for that purpose by the appropriate organization or institution. The bill grants a district or charter school and the district's or school's employees immunity from civil liability for 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 did not act with gross negligence in that use.

### **EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2019.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 496 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute changes references to a bleeding control kit to refer to a bleeding control station.

The substitute expands the requirement for a district to include the use of bleeding control kits in the district's multihazard emergency operations program to require inclusion of the use of bleeding control stations in any security planning measure or protocol adopted by the district.

The substitute includes a requirement for each student enrolled in grade seven or higher at a campus to receive instruction annually on the use of a bleeding control station, subject to certain exemptions. The substitute requires the commissioner of education to adopt certain guidelines regarding the student instruction.

The substitute changes the required contents of the first aid response kit contained in the bleeding control station.

The substitute makes the following changes with regard to the personnel training requirements:

- includes district peace officers, school security personnel, and school resource officers who provide law enforcement among the personnel required to receive the training;
- changes the type of course that TEA may approve from a course provided by the American College of Surgeons or a similar organization to a course developed or endorsed by such an organization or by the emergency medicine department of a health-related institution of higher education or a hospital;
- prohibits online provision of the course; and
- includes requirements relating to the course content and instructor qualifications.

The substitute does not require a district or charter school employee to have received the required training as a condition of the immunity from civil liability granted by the bill.