

FIRST REGULAR SESSION

HOUSE BILL NO. 844

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HRUZA.

2086H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 167.624 and 170.310, RSMo, and to enact in lieu thereof four new sections relating to health and safety measures in public schools.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 167.624 and 170.310, RSMo, are repealed and four new sections enacted in lieu thereof, to be known as sections 160.111, 160.485, 167.624, and 170.310, to read as follows:

160.111. 1. As used in this section, the following terms mean:

(1) "Automated external defibrillator" or "AED", a device that:

(a) Is used to administer an electric shock through the chest wall to the heart;

(b) Has built-in computers within the device to assess the patient's heart rhythm, determine whether defibrillation is needed, and administer the shock;

(c) Has audible or visual prompts, or both, to guide the user through the process;

(d) Has received approval from the U.S. Food and Drug Administration of its pre-market modification filed under 21 U.S.C. Section 360(k), as amended;

(e) Is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia and is capable of determining without intervention by an operator whether defibrillation should be performed; and

(f) Upon determining defibrillation should be performed, either automatically charges and delivers an electrical impulse to an individual's heart or charges and delivers an electrical impulse at the command of the operator;

EXPLANATION — Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15 (2) "Cardiac arrest", a condition, often sudden, that is due to abnormal heart
16 rhythms called arrhythmias and that is generally the result of some underlying form of
17 heart disease;

18 (3) "Cardiopulmonary resuscitation" or "CPR", a combination of rescue
19 breathing, chest compressions, and external cardiac massage used to sustain an
20 individual's life until advanced assistance arrives;

21 (4) "Defibrillation", administering an electrical impulse to an individual's heart
22 in order to stop ventricular fibrillation or rapid ventricular tachycardia;

23 (5) "Department", the department of elementary and secondary education;

24 (6) "Emergency medical services", the transportation and medical care provided
25 to the ill or injured prior to arrival at a medical facility by a licensed emergency medical
26 technician or other health care provider and the continuation of the initial emergency
27 care within a medical facility subject to the approval of the medical staff and governing
28 board of that facility;

29 (7) "Extracurricular event", any school-sponsored program or voluntary
30 activity sponsored by the school, local education agency, or an organization sanctioned
31 by the local education agency at which students compete for the purpose of:

32 (a) Receiving an award, rating, recognition, or criticism;

33 (b) Qualifying for additional competition; or

34 (c) Preparing for and involvement in public performances, contests, athletic
35 competitions, demonstrations, displays, and club activities;

36 (8) "Program coordinator", an individual, appointed by the school district, who
37 is responsible for administration of the AED program for such individual's public
38 school campus;

39 (9) "Protocol", currently approved and accepted procedures describing specific
40 steps a provider is required to follow in assessing and treating a patient;

41 (10) "Provider", school personnel of a public school campus who have
42 completed training in CPR in addition to having knowledge and understanding of an
43 AED's operation and use under the requirements of this section;

44 (11) "Public school", the same definition as in section 160.011;

45 (12) "School campus", any public school building or cluster of buildings, and
46 grounds around such public school building or cluster of buildings, used for any public
47 school purpose including, but not limited to, an extracurricular activity, organized
48 physical activity courses, early childhood education programs, or school district
49 administration;

50 (13) "School personnel", a school district employee approved by the school
51 board or a contract employee of the school district who is required to follow school
52 policy and procedures;

53 (14) "School-sponsored event", any event or activity sponsored by the public
54 school or school district including, but not limited to, athletic events, booster clubs,
55 parent-teacher organizations, or any activity designed to enhance the school curriculum
56 whether on the school campus or not;

57 (15) "Ventricular fibrillation", the most common arrhythmia that causes cardiac
58 arrest and a condition in which the heart's electrical impulses suddenly become chaotic,
59 often without warning, causing the heart's pumping action to stop abruptly.

60 2. For the 2026-27 school year and all subsequent school years:

61 (1) Each school campus shall install automated external defibrillators as
62 required in this section;

63 (2) Appropriate school personnel shall have been adequately trained in the use
64 of such AEDs as required under this section before the beginning of the 2026-27 school
65 year; and

66 (3) Appropriate school personnel shall be trained annually in the use of such
67 AEDs as required under this section.

68 3. (1) An automated external defibrillator meets the requirements of this section
69 if such AED is:

70 (a) Approved by the U.S. Food and Drug Administration;

71 (b) An automated kind of external defibrillator requiring provider intervention
72 to initiate a defibrillation shock; and

73 (c) Capable of automatically collecting data.

74 (2) No modifications shall be made to AED equipment by the provider or the
75 service that results in deviation from:

76 (a) The original manufacturer's specifications; or

77 (b) AED protocols, which are:

78 a. Early access, which is calling 911;

79 b. Early CPR, which is starting CPR immediately;

80 c. Early defibrillation, which is using the on-site AED within three to five
81 minutes of onset; and

82 d. Early advanced care, which is trained health care providers arriving to
83 provide advanced care.

84 4. (1) Each school district shall designate appropriate personnel to be
85 responsible for the maintenance of each automated external defibrillator.

(2) All components of each AED and integrated data recording system shall be inspected by a qualified service technician at least one time per calendar year or as recommended by the manufacturer to ensure that the AED equipment:

(a) Meets original manufacturer's specifications; and

(b) Maintains the currently approved treatment protocols based on the current American Heart Association scientific guidelines, standards, and recommendations for the use of the AED.

(3) The battery of the AED shall be maintained and replaced in accordance with manufacturer's specifications.

(4) All maintenance and repairs shall be performed by a qualified service technician recognized by the manufacturer.

(5) Written records shall be maintained for all maintenance, repairs, and inspections performed on all components for mandated annual state reporting purposes.

5. (1) Each public school shall designate appropriate school personnel to be responsible for ensuring the availability of each automated external defibrillator as provided in this subsection.

(2) The regular location of each AED shall be based on the following:

(a) The size and physical layout of the school campus;

(b) The number and ages of individuals on the school campus;

(c) Types and locations of curricular, extracurricular, and school-sponsored events; and

(d) Design features that are unique to particular buildings on the school campus.

(3) During school hours, an AED shall be placed at designated locations. Such locations shall be specific to each school campus but shall allow such AED to be easily seen by school personnel. Such locations shall allow school personnel to retrieve such AED outside of normal school hours.

(4) In conjunction with the location standards listed in subdivisions (2) and (3) of this subsection, AEDs shall be placed in areas where there is likely to be high traffic or congregation, such as auditoriums, cafeterias, or gymnasiums, and areas where risk of injury may be elevated on each school campus, in an easily accessible location of such areas, to be determined after consultation with the local emergency medical services system or emergency medical response agency.

6. The program coordinator shall:

(1) Maintain current provider status in CPR and the use of an automated external defibrillator;

(2) Ensure that providers on the school campus receive appropriate training in the use and maintenance of the public school's AEDs;

123 (3) Oversee training operations for the public school and maintain
124 organizational training reports;

125 (4) Ensure that AED equipment is maintained according to manufacturer and
126 treatment protocol specifications based on the current American Heart Association
127 scientific guidelines, standards, and recommendations for the use of each AED and
128 submit maintenance records to the department as required by the department;

129 (5) Provide professional development opportunities annually for providers and
130 all school personnel, if applicable;

131 (6) Verify credentials of school personnel functioning as a provider within the
132 public school;

133 (7) Review each use of each AED; and

134 (8) Report, in a format approved by the department, each use of an AED. Such
135 report shall be completed and submitted to the department within thirty days following
136 such use. Such form shall contain at least relevant information regarding the incidence
137 and use of the AED and the client outcome.

138 7. Appropriate training of providers and anticipated rescuers in the use of an
139 automated external defibrillator and in CPR shall incorporate at least the following:

140 (1) Testing of psychomotor skills based on the American Heart Association
141 scientific guidelines, standards, and recommendations for the use of each AED, as in
142 existence on January 1, 2022;

143 (2) Providing CPR as published by the American Heart Association, American
144 Red Cross, or in equivalent course materials, as in existence on January 1, 2022;

145 (3) Coordinating with the local emergency medical services system or emergency
146 medical response agency; and

147 (4) An ongoing quality improvement program to monitor training and evaluate
148 response with each use of an AED.

149 8. Automated external defibrillator and cardiopulmonary resuscitation training
150 shall count fully toward professional development requirements under section 168.021.

151 9. Before April thirtieth in each school year, each public school shall report to
152 the department on the implementation and status of automated external defibrillator
153 availability on each school campus. The department shall compile such data and submit
154 a report to the general assembly before the end of each school year.

155 10. The department may promulgate all necessary rules and regulations for the
156 administration of this section. Any rule or portion of a rule, as that term is defined in
157 section 536.010, that is created under the authority delegated in this section shall
158 become effective only if it complies with and is subject to all of the provisions of chapter
159 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable

160 and if any of the powers vested with the general assembly pursuant to chapter 536 to
161 review, to delay the effective date, or to disapprove and annul a rule are subsequently
162 held unconstitutional, then the grant of rulemaking authority and any rule proposed or
163 adopted after the effective date of this section shall be invalid and void.

160.485. 1. This section shall be known and may be cited as the "Stop the Bleed
2 Act".

3 2. As used in this section, the following terms mean:

4 (1) "Bleeding control kit", a first aid response kit that contains at least the
5 following:

6 (a) Tourniquets that are:

7 a. Endorsed by the United States Department of Defense Committee on Tactical
8 Combat Casualty Care or its successor entity; or

9 b. Approved for use in battlefield trauma care by the Armed Forces of the
10 United States;

11 (b) Bleeding control bandages;

12 (c) Latex-free protective gloves;

13 (d) Permanent markers;

14 (e) Instructional documents developed by the United States Department of
15 Homeland Security's Stop the Bleed national awareness campaign or the American
16 College of Surgeons Committee on Trauma, or both; and

17 (f) Other medical materials and equipment similar to those described in
18 paragraphs (a) and (b) of this subdivision;

19 (2) "Department", the department of elementary and secondary education;

20 (3) "Emergency medical services personnel", paid or volunteer firefighters, law
21 enforcement officers, first responders, emergency medical technicians, or other
22 emergency service personnel acting within the ordinary course and scope of those
23 professions, but excluding physicians;

24 (4) "School personnel", any employee of a public school district or charter
25 school, or any volunteer serving at a public school or charter school, who is designated
26 to use a bleeding control kit under this section.

27 3. (1) Before January 1, 2026, the department shall develop a traumatic blood
28 loss protocol for school personnel to follow in the event of an injury involving traumatic
29 blood loss. The protocol shall meet the requirements of this section and shall be made
30 available to each school district and charter school.

31 (2) The traumatic blood loss protocol shall:

32 (a) Require that a bleeding control kit be placed in areas where there is likely to
33 be high traffic or congregation, such as auditoriums, cafeterias, or gymnasiums, and

34 areas where risk of injury may be elevated, including vocational classes such as
35 woodworking or automotive classes, of each school district's school buildings and each
36 charter school in an easily accessible location of such areas to be determined by local
37 emergency medical services personnel;

38 (b) Include bleeding control kits in the emergency plans of each school district
39 and charter school, including the presentation and use of the bleeding control kits in all
40 drills and emergencies;

41 (c) Require each school district and charter school to designate a school nurse or
42 school health care provider, or if no school nurse or school health care provider is
43 available, a school personnel member, in each school building who shall obtain
44 appropriate training annually in the use of a bleeding control kit including, but not
45 limited to:

- 46 a. The proper application of pressure to stop bleeding;
- 47 b. The proper application of dressings or bandages;
- 48 c. Additional pressure techniques to control bleeding; and
- 49 d. The correct application of tourniquets;

50 (d) Require each bleeding control kit in school inventories to be inspected
51 annually to ensure that the materials, supplies, and equipment contained in the bleeding
52 control kit have not expired and that any expired materials, supplies, and equipment are
53 replaced as necessary; and

54 (e) Require a bleeding control kit to be restocked after each use and any
55 materials, supplies, and equipment to be replaced as necessary to ensure that the
56 bleeding control kit contains all necessary materials, supplies, and equipment.

57 4. (1) The department shall, in collaboration with the United States Department
58 of Homeland Security and the state department of public safety, include requirements in
59 the traumatic blood loss protocol for school personnel to receive annual training in the
60 use of bleeding control kits.

61 (2) The training requirements shall be satisfied by successful completion and
62 certification under the "STOP THE BLEED" course as promulgated by the American
63 College of Surgeons Committee on Trauma or the American Red Cross.

64 (3) The training requirements may allow online instruction.

65 5. (1) A bleeding control kit may contain any additional items that:

66 (a) Are approved by emergency medical services personnel, as such term is
67 defined in section 190.600;

68 (b) Can adequately treat an injury involving traumatic blood loss; and

69 (c) Can be stored in a readily available kit.

70 **(2) Quantities of each item required to be in a bleeding control kit may be**
71 **determined by each school district.**

72 **6. (1) The department and each school district and charter school shall maintain**
73 **information regarding the traumatic blood loss protocol and the Stop the Bleed national**
74 **awareness campaign on each entity's website.**

75 **(2) Upon request by a school district or a charter school, the department may, in**
76 **collaboration with the department of public safety, direct the school district or charter**
77 **school to resources that are available to provide bleeding control kits to the school**
78 **district or charter school.**

79 **7. (1) Except as otherwise provided in this subsection, each school district and**
80 **charter school shall implement the traumatic blood loss protocol developed under this**
81 **section before the end of the 2025-26 school year.**

82 **(2) The requirements that a bleeding control kit be placed as required in**
83 **paragraph (a) of subdivision (2) of subsection 3 of this section, that each kit be restocked**
84 **as necessary, and that school personnel receive training under this section shall be**
85 **subject to an appropriation to cover all costs related to such requirements by the general**
86 **assembly.**

87 **(3) Any school district or charter school may receive donations of funds for the**
88 **purchase of bleeding control kits that meet the requirements of this section and may**
89 **receive donations of bleeding control kits that meet the requirements of this section.**

90 **8. This section shall not be construed to create a cause of action against a school**
91 **district, a charter school, or any school personnel. Any school personnel who in good**
92 **faith use a bleeding control kit as provided by this section shall be immune from all civil**
93 **liability for any act or omission in the use of a bleeding control kit unless the act or**
94 **omission constitutes gross negligence or willful, wanton, or intentional misconduct.**

167.624. 1. Each school board in the state, if the school district does not presently
2 have a program as described below, may develop and implement a program to train the
3 students and employees of the district in the administration of cardiopulmonary resuscitation
4 and other lifesaving methods, as they determine best, and may consult the department of
5 public safety, the state fire marshal's office, the local fire protection authorities, and others as
6 the board sees fit. The board may make completion of the program a requirement for
7 graduation. Any trained employee shall be held harmless and immune from any civil liability
8 for administering cardiopulmonary resuscitation and other lifesaving methods in good faith
9 and according to standard medical practices.

10 **2. For the 2025-26 school year and all subsequent school years, district training**
11 **implemented under this section shall include appropriate training in the use of an**
12 **automated external defibrillator as required in section 160.111. Each school district**

13 **shall comply with all applicable provisions of sections 160.011 and 190.092 relating to**
14 **placement, maintenance, testing, and inspection of automated external defibrillators.**
15 **Any trained employee shall be held harmless and immune from any civil liability for the**
16 **use of an automated external defibrillator in good faith and according to standard**
17 **medical practices.**

170.310. 1. For school year 2017-18 and each school year thereafter, upon
2 graduation from high school, pupils in public schools and charter schools shall have received
3 thirty minutes of cardiopulmonary resuscitation instruction and training in the proper
4 performance of the Heimlich maneuver or other first aid for choking given any time during a
5 pupil's four years of high school.

6 2. Beginning in school year 2017-18, any public school or charter school serving
7 grades nine through twelve shall provide enrolled students instruction in cardiopulmonary
8 resuscitation. Students with disabilities may participate to the extent appropriate as
9 determined by the provisions of the Individuals with Disabilities Education Act or Section
10 504 of the Rehabilitation Act **(29 U.S.C. Section 794), as amended.** Instruction shall be
11 included in the district's existing health or physical education curriculum. Instruction shall be
12 based on a program established by the American Heart Association or the American Red
13 Cross, or through a nationally recognized program based on the most current national
14 evidence-based emergency cardiovascular care guidelines, and psychomotor skills
15 development shall be incorporated into the instruction. For purposes of this section,
16 "psychomotor skills" means the use of hands-on practicing and skills testing to support
17 cognitive learning.

18 3. **For the 2025-26 school year and all subsequent school years, instruction in**
19 **cardiopulmonary resuscitation under this section shall include appropriate instruction**
20 **and training in the use of an automated external defibrillator as required under section**
21 **160.111.**

22 4. The teacher of the cardiopulmonary resuscitation course or unit shall not be
23 required to be a certified trainer of cardiopulmonary resuscitation if the instruction is not
24 designed to result in certification of students. Instruction that is designed to result in
25 certification being earned shall be required to be taught by an authorized cardiopulmonary
26 instructor. Schools may develop agreements with any local chapter of a voluntary
27 organization of first responders to provide the required hands-on practice and skills testing.
28 For purposes of this subsection, "first responders" shall include telecommunicator first
29 responders as defined in section 650.320.

30 ~~[4-]~~ 5. The department of elementary and secondary education may promulgate rules
31 to implement this section. Any rule or portion of a rule, as that term is defined in section
32 536.010, that is created under the authority delegated in this section shall become effective

33 only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable,
34 section 536.028. This section and chapter 536 are nonseverable and if any of the powers
35 vested with the general assembly pursuant to chapter 536 to review, to delay the effective
36 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant
37 of rulemaking authority and any rule proposed or adopted after August 28, 2012, shall be
38 invalid and void.

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