

072475105

SENATE BILL NO. 1108

Offered January 10, 2007

Prefiled January 9, 2007

A BILL to amend and reenact §§ 32.1-42.1, 32.1-48.06, 32.1-48.09, 32.1-48.010, 32.1-48.012, 32.1-48.013, 32.1-48.014, 32.1-48.015, and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 32.1-48.013:1, relating to emergency preparedness.

Patron—Wampler

Referred to Committee on General Laws and Technology

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-42.1, 32.1-48.06, 32.1-48.09, 32.1-48.010, 32.1-48.012, 32.1-48.013, 32.1-48.014, 32.1-48.015, and 54.1-3408 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 32.1-48.013:01 as follows:

§ 32.1-42.1. Administration and dispensing of necessary drugs and devices during a declared disaster or state of emergency.

The Commissioner, pursuant to § 54.1-3408, may authorize persons who are not authorized by law to administer or dispense drugs or devices to administer or dispense all necessary drugs or devices in accordance with protocols established by the Commissioner when (i) the Governor has declared a disaster or a state of emergency caused by an act of terrorism or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control and supervision of the Commissioner. For purposes of this section, "administer," "device," "dispense," and "drug" shall have the same meaning as provided in § 54.1-3401. The Commissioner shall develop protocols, in consultation with the Department of Health Professions, that address the required training of such persons and procedures for such persons to use in administering or dispensing drugs or devices.

§ 32.1-48.06. Definitions.

As used in this article, unless the context requires a different meaning:

"Affected area" means any part or the whole of the Commonwealth, which has been identified as where persons reside, or may be located, who are known to have been exposed to or infected with or who are reasonably suspected to have been exposed to or infected with a communicable disease of public health threat. "Affected area" shall include, but not be limited to, cities, counties, towns, and subsections of such areas, public and private property, buildings, and other structures.

"Communicable disease of public health threat" means an illness of public health significance, as determined by the State Health Commissioner in accordance with regulations of the Board of Health, caused by a specific or suspected infectious agent that may be reasonably expected or is known to be readily transmitted directly or indirectly from one individual to another and has been found to create a risk of death or significant injury or impairment; this definition shall not, however, be construed to include human immunodeficiency viruses or tuberculosis, unless used as a bioterrorism weapon. "Individual" shall include any companion animal. Further, whenever "person or persons" is used herein it shall be deemed, when the context requires it, to include any individual.

"Companion animal" means, consistent with the provisions of § 3.1-796.66, any domestic or feral dog, domestic or feral cat, nonhuman primate, guinea pig, hamster, rabbit not raised for human food or fiber, exotic or native animal, reptile, exotic or native bird, or any feral animal or any animal under the care, custody, or ownership of a person or any animal that is bought, sold, traded, or bartered by any person. Agricultural animals, game species, or any animals regulated under federal law as research animals shall not be considered companion animals for the purposes of this article.

"Isolation" means the physical separation, including confinement or restriction of movement, of an individual or individuals who are infected with or are reasonably suspected to be infected with a communicable disease of public health threat in order to prevent or limit the transmission of the communicable disease of public health threat to other uninfected and unexposed individuals.

"Law-enforcement agency" means any sheriff's office, police department, adult or youth correctional officer, or other agency or department that employs persons who have law-enforcement authority that is under the direction and control of the Commonwealth or any local governing body. "Law-enforcement agency" shall include, by order of the Governor, the Virginia National Guard.

INTRODUCED

SB1108

59 "Quarantine" means the physical separation, including confinement or restriction of movement, of an
60 individual or individuals who are present within an affected area, as defined herein, or who are known
61 to have been exposed or may reasonably be suspected to have been exposed to a communicable disease
62 of public health threat and who do not yet show signs or symptoms of infection with the communicable
63 disease of public health threat in order to prevent or limit the transmission of the communicable disease
64 of public health threat to other unexposed and uninfected individuals.

65 § 32.1-48.09. Order of quarantine.

66 A. The State Health Commissioner shall, prior to placing any person or persons under quarantine,
67 issue an order of quarantine that shall: (i) identify the communicable disease of public health threat that
68 is reasonably believed to be involved and the reasons why exceptional circumstances apply and the
69 quarantine is the necessary means to contain the risks of transmission of the disease; (ii) contain
70 sufficient information to provide reasonable notice to persons who are affected by the order of
71 quarantine that they are subject to the order; (iii) specify the means by which the quarantine is to be
72 implemented; (iv) establish clearly the geographic parameters of the quarantine, if involving an affected
73 area; (v) specify the duration of the quarantine; (vi) provide sufficient directions for compliance with the
74 quarantine to enable persons subject to the order to comply; (vii) provide timely opportunities, if not
75 readily available under the circumstances, for the person or persons who are subject to the order to
76 notify employers, next of kin or legally authorized representatives and the attorneys of their choice of
77 the situation; (viii) specify the penalty or penalties that may be imposed for noncompliance with the
78 order of quarantine pursuant to § 32.1-27; and (ix) include a copy of § 32.1-48.010 to inform any person
79 or persons subject to an order of quarantine of the right to seek judicial review of the order.

80 B. No affected area shall be the subject to an order of quarantine issued by the State Health
81 Commissioner unless the Governor, pursuant to the authority vested in him pursuant to Chapter 3.2
82 (§ 44-146.13 et seq.) of Title 44, has declared a state of emergency for such affected area of the
83 Commonwealth.

84 C. The order of quarantine shall be delivered to any person or persons affected by the quarantine, in
85 so far as practicable. However, if, in the opinion of the State Health Commissioner, the number of
86 quarantined persons is too great to make delivery of copies of the order of quarantine to each person
87 possible in a timely manner, or if the order of quarantine designates an affected area instead of a
88 specific person or persons, the State Health Commissioner shall cause the order of quarantine to be
89 communicated to the persons residing or located in the affected area.

90 D. The State Health Commissioner or his legal representative shall, as soon as practicable following
91 the issuance of an order of quarantine, file a petition seeking an ex parte court review and confirmation
92 of the quarantine or to extend, when necessary, the duration of the quarantine.

93 E. The petition shall be filed in the circuit court for the city or county in which the person or
94 persons resides or *is located or*, in the case of an affected area, in the circuit court of the affected
95 jurisdiction or jurisdictions.

96 The petition shall include (i) a copy of the order of quarantine or all information contained in the
97 State Health Commissioner's order of quarantine in some other format and (ii) a summary of the
98 findings on which the Commissioner relied in deciding to issue the order of quarantine.

99 *Upon receiving multiple orders of quarantine, the court may, on the motion of any party or on the*
100 *court's own motion, consolidate the cases into a single proceeding for all orders when (i) there are*
101 *common questions of law or fact relating to the individual claims or rights to be determined, (ii) the*
102 *claims of the consolidated cases are substantially similar, and (iii) all parties to the orders will be*
103 *adequately represented in the consolidation.*

104 *F. Prior to the expiration of the original order of quarantine, the Commissioner may extend the*
105 *duration of the original order upon finding that such an extension is necessary. The Commissioner, or*
106 *his legal representative, shall, as soon as practicable following the extension of an order of quarantine,*
107 *file a petition seeking court review and confirmation of the order to extend the duration of the*
108 *quarantine.*

109 EG. In reviewing the petition for review and confirmation of the order of quarantine or an extension
110 of the order of quarantine, the court shall give due deference to the specialized expertise of the State
111 Health Commissioner. The court shall grant the petition to *confirm or* extend the quarantine upon
112 finding probable cause that quarantine was the necessary means to contain the disease of public health
113 threat and is being implemented in the least restrictive environment to address the public health threat
114 effectively, given the reasonably available information on effective control measures and the nature of
115 the communicable disease of public health threat.

116 GH. The State Health Commissioner may, if he reasonably believes that public disclosure of the
117 information contained in the order of quarantine or the petition for court review and confirmation or
118 extension of the order of quarantine will exacerbate the public health threat or compromise any current
119 or future criminal investigation or compromise national security, file some or all of any petition relating
120 to an order of quarantine under seal. After reviewing any information filed under seal by the State

121 Health Commissioner, the court shall reseal the relevant materials to the extent necessary to protect
122 public health and safety.

123 *HI.* The State Health Commissioner shall ensure that the protected health information of any person
124 or persons subject to the order of quarantine shall only be disclosed in compliance with § 32.1-127.1:03
125 of this title and the regulations relating to privacy of health records promulgated by the federal
126 Department of Health and Human Services pursuant to the Health Insurance Portability and
127 Accountability Act of 1996 (42 U.S.C. § 1320d et seq.).

128 *J.* Any law-enforcement officer, state or local health department employee, or any other person
129 designated by a law-enforcement officer or state or local health department employee is empowered and
130 authorized to deliver an order of quarantine.

131 § 32.1-48.010. Appeal of any order of quarantine.

132 A. Any person or persons subject to an order of quarantine or a court-ordered extension of any such
133 order pursuant to this article may file an appeal of the order of quarantine as such order applies to such
134 person or persons in the circuit court for the city or county in which the subject or subjects of the order
135 reside *or are located* or the circuit court for the jurisdiction or jurisdictions for any affected area. Any
136 petition for appeal shall be in writing, shall set forth the grounds on which the order of quarantine is
137 being challenged vis-a-vis the subject person or persons or affected area, and shall be served upon the
138 State Health Commissioner or his legal representative.

139 B. A hearing on the appeal of the order of quarantine shall be held within 48 hours of the filing of
140 the petition for appeal or, if the 48-hour period terminates on a Saturday, Sunday, legal holiday or day
141 on which the court is lawfully closed, the hearing shall be held on the next day that is not a Saturday,
142 Sunday, legal holiday or day on which the court is lawfully closed.

143 In extraordinary circumstances, for good cause shown, the Commissioner may request a continuance
144 of the hearing, which the court shall only grant after giving due regard to the rights of the affected
145 individuals, the protection of the public health and safety, the severity of the emergency, and the
146 availability of witnesses and evidence.

147 C. Any person appealing an order of quarantine shall have the burden of proving that he is not
148 properly the subject of the order of quarantine.

149 D. The filing of an appeal shall not stay any order of quarantine.

150 E. Upon receiving multiple appeals of an order of quarantine that applies to a group of persons or an
151 affected area, the court may, on the motion of any party or on the court's own motion, consolidate the
152 cases in a single proceeding for all appeals when (i) there are common questions of law or fact relating
153 to the individual claims or rights to be determined; (ii) the claims of the consolidated cases are
154 substantially similar; and (iii) all parties to the appeals will be adequately represented in the
155 consolidation.

156 F. The circuit court shall not conduct a de novo review of the order of quarantine; however, the
157 court shall consider the existing record and such supplemental evidence as the court shall consider
158 relevant. The court shall conduct the hearing on an appeal of an order of quarantine in a manner that
159 will protect the health and safety of court personnel, counsels, witnesses, and the general public and in
160 accordance with rules of the Supreme Court of Virginia pursuant to subsection C of § 17.1-503. The
161 court may, for good cause shown, hold all or any portion of the hearings in camera upon motion of any
162 party or upon the court's own motion.

163 G. Upon completion of the hearing, the court may (i) vacate or modify the order of quarantine as
164 such order applies to any person who filed the appeal and who is not, according to the record and the
165 supplemental evidence, appropriately subject to the order of quarantine; (ii) vacate or modify the order
166 of quarantine as such order applies to all persons who filed an appeal and who are not, according to the
167 record and the supplemental evidence, appropriately subject to the order of quarantine; (iii) confirm the
168 order of quarantine as it applies to any person or all appealing parties upon a finding that such person
169 or persons are appropriately subject to the order of quarantine and that quarantine is being implemented
170 in the least restrictive environment to address the public health threat effectively, given the reasonably
171 available information on effective control measures and the nature of the communicable disease of
172 public health threat; or (iv) confirm the order of quarantine as it applies to all persons subject to the
173 order upon finding that all such persons are appropriately subject to the order of quarantine and that
174 quarantine is being implemented in the least restrictive environment to address the public health threat
175 effectively, given the reasonably available information on effective control measures and the nature of
176 the communicable disease of public health threat.

177 In any case in which the court shall vacate the order of quarantine as it applies to any person who
178 has filed a request for review of such order and who is subject to such order or as it applies to all
179 persons seeking judicial review who are subject to such order, the person or persons shall be
180 immediately released from quarantine unless such order to vacate the quarantine shall be stayed by the
181 filing of an appeal to the Supreme Court of Virginia. Any party to the case may file an appeal of the

182 circuit court decisions to the Supreme Court of Virginia. Parties to the case shall include any person
 183 who is subject to an order of quarantine and has filed an appeal of such order with the circuit court and
 184 the State Health Commissioner.

185 H. Appeals of any final order of any circuit court regarding the State Health Commissioner's petition
 186 for review and confirmation or extension of an order of quarantine or any appeal of an order of
 187 quarantine by a person or persons who are subject to such order shall be appealable directly to the
 188 Supreme Court of Virginia, with an expedited review in accordance with the rules of the court pursuant
 189 to subsection C of § 17.1-503.

190 I. Appeals of any circuit court order relating to an order of quarantine shall not stay any order of
 191 quarantine.

192 J. Persons requesting judicial review of any order of quarantine shall have the right to be represented
 193 by an attorney in all proceedings. If the person is unable to afford an attorney, counsel shall be
 194 appointed for the person by the circuit court for the jurisdiction in which the person or persons who are
 195 subject to the order of quarantine reside or, in the case of an affected area, by the circuit court for the
 196 jurisdiction or jurisdictions for the affected area. Counsel so appointed shall be paid at a rate established
 197 by the Supreme Court of Virginia from the Commonwealth's criminal fund.

198 § 32.1-48.012. Isolation order.

199 A. The State Health Commissioner shall, prior to placing any person or persons in isolation, prepare
 200 a written order of isolation that shall: (i) identify the person or persons subject to such order of
 201 isolation; (ii) identify the site of isolation, which may, in the Commissioner's discretion, include the
 202 residence of any isolated individual; (iii) specify the date and time that isolation is to commence; (iv)
 203 identify the communicable disease of public health threat or the suspected communicable disease of
 204 public health threat with which the person or persons are known to be infected or reasonably suspected
 205 to be infected; (v) specify the bases for isolation, including why isolation is the necessary means to
 206 contain transmission of the disease, and any conditions of the isolation; (vi) provide timely opportunities,
 207 if not readily available under the circumstances, for the person or person who are subject to the order to
 208 notify employers, next of kin or legally authorized representatives and the attorneys of their choice of
 209 the situation; (vii) specify the penalty or penalties that may be imposed for noncompliance with order of
 210 isolation pursuant to § 32.1-27; and (viii) include a copy of § 32.1-48.013 to inform any person or
 211 persons subject to an order of isolation of the right to seek judicial review or the order.

212 B. No affected area shall be the subject of an order of isolation prepared by the State Health
 213 Commissioner unless the Governor, pursuant to the authority vested in him pursuant to Chapter 3.2
 214 (§ 44-146.13 et seq.) of Title 44, has declared a state of emergency for such affected area of the
 215 Commonwealth.

216 C. The order of isolation shall be delivered to any person or persons affected by the isolation, in so
 217 far as practicable. However, if, in the opinion of the State Health Commissioner, the number of isolated
 218 persons is too great to make delivery of copies of the order of isolation to each person possible in a
 219 timely manner, or if the order of isolation designates an affected area instead of a specific person or
 220 persons, the State Health Commissioner shall cause the order of isolation to be communicated to the
 221 persons residing or located in the affected area.

222 D. The State Health Commissioner shall, as soon as practicable following the issuance of an order of
 223 isolation, file a petition seeking an ex parte court order to review and confirm; ~~or if necessary, to extend~~
 224 the isolation.

225 E. The petition shall be filed in the circuit court for the city or county in which the person or
 226 persons resides or *is located or*, in the case of an affected area, in the circuit court of the affected
 227 jurisdiction or jurisdictions.

228 *Upon receiving multiple orders of isolation, the court may, on the motion of any party or on the*
 229 *court's own motion, consolidate the cases into a single proceeding for all orders when (i) there are*
 230 *common questions of law or fact relating to the individual claims or rights to be determined, (ii) the*
 231 *claims of the cases are substantially similar, and (iii) all parties to the orders will be adequately*
 232 *represented in the consolidation.*

233 F. The petition shall include (i) a copy of the order of isolation or all information contained in the
 234 State Health Commissioner's order of isolation in some other format and (ii) a summary of the findings
 235 on which the Commissioner relied in determining that an order of isolation was required to contain the
 236 transmission of the communicable disease of public health threat.

237 *G. Prior to the expiration of the original order of isolation, the Commissioner may extend the*
 238 *duration of the original order upon finding that such an extension is necessary. The Commissioner, or*
 239 *his legal representative, shall, as soon as practicable following the extension of an order of isolation,*
 240 *file a petition seeking court review and confirmation of the order to extend the duration of the isolation.*

241 *GH.* In reviewing any petition for review and confirmation or extension of the order of isolation, the
 242 court shall give due deference to the specialized expertise of the State Health Commissioner. The court
 243 shall grant the petition to confirm or extend the isolation upon finding probable cause that isolation was

244 the necessary means and remains the least restrictive environment to address the public health threat
 245 effectively, given the reasonably available information on effective control measures and the nature of
 246 the communicable disease of public health threat.

247 *HJ.* The State Health Commissioner may, if he reasonably believes that public disclosure of the
 248 information contained in the order of isolation or the petition for review and confirmation or extension
 249 of the order of isolation will exacerbate the public health threat or compromise any current or future
 250 criminal investigation or compromise national security, file some or all of any petition to extend an
 251 order of isolation under seal. After reviewing any information filed under seal by the State Health
 252 Commissioner, the court shall reseal the relevant materials to the extent necessary to protect public
 253 health and safety.

254 *IJ.* The State Health Commissioner shall ensure that the protected health information of any person
 255 or persons subject to the order of isolation shall only be disclosed in compliance with the regulations
 256 relating to privacy of health records promulgated by the federal Department of Health and Human
 257 Services pursuant to the Health Insurance Portability and Accountability Act of 1996.

258 *K.* Any law-enforcement officer, state or local health department employee, or any other person
 259 designated by a law-enforcement officer or state or local health department employee is empowered and
 260 authorized to deliver an order of isolation.

261 § 32.1-48.013. Appeal of any order of isolation.

262 *A.* Any person or persons subject to an order of isolation or a court-ordered confirmation or
 263 extension of any such order pursuant to this article may file an appeal of the order of isolation in the
 264 circuit court for the city or county in which such person or persons reside or *are located or*, in the case
 265 of an affected area, in the circuit court for any affected jurisdiction or jurisdictions. Any petition for
 266 appeal shall be in writing, shall set forth the grounds on which the order of isolation is being challenged
 267 vis-a-vis the subject person or persons or affected area, and shall be served upon the State Health
 268 Commissioner or his legal representative.

269 *B.* A hearing on the appeal of the order of isolation shall be held within 48 hours of the filing of the
 270 petition for appeal or, if the 48-hour period terminates on a Saturday, Sunday, legal holiday or day on
 271 which the court is lawfully closed, the hearing shall be held on the next day that is not a Saturday,
 272 Sunday, legal holiday or day on which the court is lawfully closed.

273 In extraordinary circumstances, for good cause shown, the Commissioner may request a continuance
 274 of the hearing, which the court shall only grant after giving due regard to the rights of the affected
 275 individuals, the protection of the public health and safety, the severity of the emergency, and the
 276 availability of witnesses and evidence.

277 *C.* Any person appealing an order of isolation shall have the burden of proving that he is not
 278 properly the subject of the order of isolation.

279 *D.* An appeal shall not stay any order of isolation.

280 *E.* Upon receiving multiple appeals of an order of isolation, the court may, on the motion of any
 281 party or on the court's own motion, consolidate the cases in a single proceeding for all appeals when (i)
 282 there are common questions of law or fact relating to the individual claims or rights to be determined;
 283 (ii) the claims of the consolidated cases are substantially similar; and (iii) all parties to the appeals will
 284 be adequately represented in the consolidation.

285 *F.* The circuit court shall not conduct a de novo review of the order of isolation; however, the court
 286 shall consider the existing record and such supplemental evidence as the court shall consider relevant.
 287 The court shall conduct the hearing on an appeal of an order of isolation in a manner that will protect
 288 the health and safety of court personnel, counsels, witnesses, and the general public and in accordance
 289 with rules of the Supreme Court of Virginia pursuant to subsection C of § 17.1-503. The court may, for
 290 good cause shown, hold all or any portion of the hearings in camera upon motion of any party or the
 291 court's own motion.

292 *G.* Upon completion of the hearing, the court may (i) vacate or modify the order of isolation as such
 293 order applies to any person who filed the appeal and who is not, according to the record and the
 294 supplemental evidence, appropriately subject to the order of isolation; (ii) vacate or modify the order of
 295 isolation as such order applies to all persons who filed an appeal and who are not, according to the
 296 record and the supplemental evidence, appropriately subject to the order of isolation; (iii) confirm the
 297 order of isolation as it applies to any person or all appealing parties upon a finding that such person or
 298 persons are appropriately subject to the order of isolation and that isolation is being implemented in the
 299 least restrictive environment to address the public health threat effectively, given the reasonably
 300 available information on effective infection control measures and the nature of the communicable disease
 301 of public health threat; or (iv) confirm the order of isolation as it applies to all persons subject to the
 302 order upon finding that all such persons are appropriately subject to the order of isolation and that
 303 isolation is being implemented in the least restrictive environment to address the public health threat
 304 effectively given the reasonably available information on effective control measures and the nature of

305 the communicable disease of public health threat.

306 In any case in which the court shall vacate the order of isolation as it applies to any person who has
307 filed a request for review of such order and who is subject to such order or as it applies to all persons
308 seeking judicial review who are subject to such order, the person or persons shall be immediately
309 released from isolation unless such order to vacate the isolation shall be stayed by the filing of an
310 appeal to the Supreme Court of Virginia. Any party to the case may file an appeal of the circuit court
311 decisions to the Supreme Court of Virginia. Parties to the case shall include any person who is subject
312 to an order of isolation and has filed an appeal of such order with the circuit court and the State Health
313 Commissioner.

314 H. Appeals of any final order of any circuit court regarding the State Health Commissioner's petition
315 for review and confirmation or extension of an order of isolation or any appeal of an order of isolation
316 by a person or persons who are subject to such order shall be appealable directly to the Supreme Court
317 of Virginia, with an expedited review in accordance with the rules of the court pursuant to subsection C
318 of § 17.1-503.

319 I. Appeals of any circuit court order relating to an order of isolation shall not stay any order of
320 isolation.

321 J. Persons appealing any order of isolation shall have the right to be represented by an attorney in all
322 proceedings. If the person is unable to afford an attorney, counsel shall be appointed for the person by
323 the circuit court for the jurisdiction in which the person or persons who are subject to the order of
324 isolation reside or, in the case of an affected area, by the circuit court for the jurisdiction or jurisdictions
325 for the affected area. Counsel so appointed shall be paid at a rate established by the Supreme Court of
326 Virginia from the Commonwealth's criminal fund.

327 *§ 32.1-48.013:1. Electronic filings as protection from communicable disease.*

328 *Notwithstanding Rule 1:17 of the Supreme Court of Virginia, a court in its discretion may permit the*
329 *electronic or facsimile filing of a petition, notice, brief, notice of appeal, or other legal document when*
330 *such filing is necessary to expedite the proceedings or to protect the public, court officials, or others*
331 *participating in the proceedings from exposure to a communicable disease.*

332 *§ 32.1-48.014. Enforcement of orders of quarantine or isolation; penalties.*

333 A. Any person who does not comply with a validly issued order of quarantine or order of isolation
334 issued or prepared pursuant to this article shall be subject to the penalties provided in § 32.1-27,
335 including, upon conviction, a Class 1 misdemeanor and payment of civil penalties.

336 B. *Any order of quarantine or isolation shall be enforced by law-enforcement agencies, as directed*
337 *by the State Health Commissioner. Any enforcement authority directed to law-enforcement agencies by*
338 *the Commissioner shall expressly include, but need not be limited to, the power to detain or arrest any*
339 *person or persons identified as in violation of any order of quarantine or isolation, or for whom*
340 *probable cause exists that he may fail or refuse to comply with any such order. Upon finding that there*
341 *is probable cause to believe that any person or persons who are subject to an order of quarantine or an*
342 *order of isolation may fail or refuse to comply with such order, the State Health Commissioner may*
343 *issue an emergency detention order pursuant to this article requiring such person or persons to be taken*
344 *immediately into custody and detained for the duration of the order of quarantine or isolation or until*
345 *the Commissioner determines that the risk of noncompliance is no longer present.*

346 *If a physician or hospital administrator has probable cause to believe that any person or persons*
347 *who are subject to an order of quarantine or an order of isolation may fail or refuse to comply with the*
348 *order, such physician or hospital administrator may take emergency custody of such person or persons.*
349 *Such emergency custody shall not exceed 24 hours.*

350 Any person or persons so detained shall be held in the least restrictive environment that can provide
351 any required health care or other services for such person.

352 C. ~~Any order of quarantine or isolation shall be enforced by law-enforcement agencies, as directed~~
353 ~~by the State Health Commissioner. Any enforcement authority directed to law-enforcement agencies by~~
354 ~~the Commissioner shall expressly include, but need not be limited to, the power to detain or arrest any~~
355 ~~person or persons identified as, or for whom probable cause exists that he may be, in violation of any~~
356 ~~order of quarantine or order of isolation.~~

357 ~~To implement an emergency detention order, any law-enforcement officer shall take the subject of~~
358 ~~the emergency detention order into custody immediately upon the issuance of the emergency detention~~
359 ~~order by the Commissioner.~~

360 ~~D. Every attorney for the Commonwealth shall have the duty to prosecute, without delay, any~~
361 ~~violation of this chapter in accordance with the penalties set forth in § 32.1-27.~~

362 *D. Pursuant to 42 U.S.C. 264 et seq. and 42 C.F.R. Parts 70 and 71, any order of quarantine or*
363 *isolation issued by the Director of the Centers for Disease Control and Prevention affecting the*
364 *Commonwealth or the Metropolitan Washington Airports Authority may be enforced by local*
365 *law-enforcement officers or officers of the Metropolitan Washington Airports Authority with jurisdiction*
366 *over the facility involved in the quarantine or isolation order.*

367 § 32.1-48.015. Authorization to disclose health records.

368 A. The provisions of this article are hereby declared to be necessary to prevent serious harm and
 369 serious threats to the health and safety of individuals and the public in Virginia for purposes of
 370 authorizing the State Health Commissioner or his designee to examine and review any health records of
 371 any person or persons subject to any order of quarantine or order of isolation pursuant to this article and
 372 the regulations of the Department of Health and Human Services promulgated in compliance with the
 373 Health Insurance Portability and Accountability Act of 1996, as amended. The State Health
 374 Commissioner shall authorize any designee in writing to so examine and review any health records of
 375 any person or persons subject to any order of quarantine or order of isolation pursuant to this article.

376 B. Pursuant to the regulations concerning patient privacy promulgated by the federal Department of
 377 Health and Human Services, covered entities may disclose protected health information to the State
 378 Health Commissioner or his designee without obtaining consent or authorization for such disclosure
 379 from the person who is the subject of the records. Such protected health information shall be used to
 380 facilitate the health care of any person or persons who are subject to an order of quarantine or an order
 381 of isolation. The State Health Commissioner or his designee shall only redisclose such protected health
 382 information in compliance with the aforementioned federal regulations. Further, the protected health
 383 information disclosed to the State Health Commissioner or his designee shall be held confidential and
 384 shall not be disclosed pursuant to the provisions of subdivision 17 of § 2.2-3705.5.

385 C. Pursuant to subsection G of § 32.1-116.3, any person requesting or requiring any employee of a
 386 public safety agency as defined in subsection J of § 32.1-45.2 to arrest, transfer, or otherwise exercise
 387 custodial supervision over an individual known to the requesting person (i) to be infected with any
 388 communicable disease or (ii) to be subject to an order of quarantine or an order of isolation pursuant
 389 to Article 3.02 (§ 32.1-48.05 et seq.) of Chapter 2 shall inform such employee of a public safety agency
 390 of the potential risk of exposure to a communicable disease.

391 § 54.1-3408. Professional use by practitioners.

392 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed
 393 nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or
 394 a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title shall
 395 only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic
 396 purposes within the course of his professional practice.

397 B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral
 398 prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may
 399 cause them to be administered by a nurse, physician assistant or intern under his direction and
 400 supervision, or he may prescribe and cause drugs and devices to be administered to patients in
 401 state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or
 402 psychiatric hospitals licensed by the State Mental Health, Mental Retardation and Substance Abuse
 403 Services Board by other persons who have been trained properly to administer drugs and who administer
 404 drugs only under the control and supervision of the prescriber or a pharmacist or a prescriber may cause
 405 drugs and devices to be administered to patients by emergency medical services personnel who have
 406 been certified and authorized to administer such drugs and devices pursuant to Board of Health
 407 regulations governing emergency medical services and who are acting within the scope of such
 408 certification. A prescriber may authorize a licensed respiratory care practitioner as defined in
 409 § 54.1-2954 to administer by inhalation controlled substances used in inhalation or respiratory therapy.

410 C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by
 411 state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may
 412 authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used
 413 in the diagnosis or treatment of disease.

414 D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
 415 course of his professional practice, such prescriber may authorize registered nurses and licensed practical
 416 nurses to possess (i) epinephrine for administration in treatment of emergency medical conditions and
 417 (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

418 Pursuant to the regulations of the Board of Health, certain emergency medical services technicians
 419 may possess and administer epinephrine in emergency cases of anaphylactic shock.

420 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course
 421 of his professional practice, such prescriber may authorize licensed physical therapists to possess and
 422 administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

423 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course
 424 of his professional practice, such prescriber may authorize licensed athletic trainers to possess and
 425 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs, or to possess and
 426 administer epinephrine for use in emergency cases of anaphylactic shock.

427 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the

428 course of his professional practice, and in accordance with policies and guidelines established by the
429 Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or
430 licensed practical nurses under the immediate and direct supervision of a registered nurse to possess and
431 administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of
432 Health's policies and guidelines shall be consistent with applicable guidelines developed by the Centers
433 for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall
434 be updated to incorporate any subsequently implemented standards of the Occupational Safety and
435 Health Administration and the Department of Labor and Industry to the extent that they are inconsistent
436 with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe
437 the categories of persons to whom the tuberculin test is to be administered and shall provide for
438 appropriate medical evaluation of those in whom the test is positive. The prescriber shall ensure that the
439 nurse implementing such standing protocols has received adequate training in the practice and principles
440 underlying tuberculin screening.

441 The Health Commissioner or his designee may authorize registered nurses, acting as agents of the
442 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein
443 derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and
444 policies established by the Department of Health.

445 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
446 professional practice, such prescriber may authorize, with the consent of the parents as defined in
447 § 22.1-1, an employee of a school board who is trained in the administration of insulin and glucagon to
448 assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes
449 and who requires insulin injections during the school day or for whom glucagon has been prescribed for
450 the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed
451 nurse, nurse practitioner, physician or physician assistant is not present to perform the administration of
452 the medication.

453 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
454 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is
455 not physically present, (i) by licensed pharmacists, (ii) by registered nurses, or (iii) licensed practical
456 nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of
457 and in accordance with established protocols of the Department of Health may authorize the
458 administration of vaccines to any person by a pharmacist or nurse when the prescriber is not physically
459 present.

460 J. A dentist may cause Schedule VI topical drugs to be administered under his direction and
461 supervision by either a dental hygienist or by an authorized agent of the dentist.

462 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
463 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
464 supervision, as defined in § 54.1-2722, to possess and administer topical oral fluorides, topical oral
465 anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions,
466 as well as any other Schedule VI topical drug approved by the Board of Dentistry.

467 In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI
468 nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI
469 local anesthesia.

470 K. (For expiration date - See Editor's note) This section shall not prevent the administration of drugs
471 by a person who has satisfactorily completed a training program for this purpose approved by the Board
472 of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to
473 dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the
474 Board of Pharmacy relating to security and record keeping, when the drugs administered would be
475 normally self-administered by (i) a resident of a facility licensed or certified by the State Mental Health,
476 Mental Retardation and Substance Abuse Services Board; (ii) a resident of any assisted living facility
477 which is licensed by the Department of Social Services; (iii) a resident of the Virginia Rehabilitation
478 Center for the Blind and Vision Impaired; (iv) a resident of a facility approved by the Board or
479 Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged
480 delinquent youth; (v) a program participant of an adult day-care center licensed by the Department of
481 Social Services; or (vi) a resident of any facility authorized or operated by a state or local government
482 whose primary purpose is not to provide health care services.

483 K. (For effective date - see Editor's note) This section shall not prevent the administration of drugs
484 by a person who has satisfactorily completed a training program for this purpose approved by the Board
485 of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to
486 dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the
487 Board of Pharmacy relating to security and record keeping, when the drugs administered would be
488 normally self-administered by (i) a resident of a facility licensed or certified by the Department of
489 Mental Health, Mental Retardation and Substance Abuse Services; (ii) a resident of the Virginia

490 Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the
 491 Board or Department of Juvenile Justice for the placement of children in need of services or delinquent
 492 or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the
 493 Department of Social Services; or (v) a resident of any facility authorized or operated by a state or local
 494 government whose primary purpose is not to provide health care services.

495 L. (For effective date - see Editor's note) Medication aides registered by the Board of Nursing
 496 pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would otherwise be
 497 self-administered to residents of any assisted living facility licensed by the Department of Social
 498 Services. A registered medication aide shall administer drugs pursuant to this section in accordance with
 499 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance
 500 with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in
 501 accordance with the assisted living facility's Medication Management Plan; and in accordance with such
 502 other regulations governing their practice promulgated by the Board of Nursing.

503 M. In addition, this section shall not prevent the administration of drugs by a person who administers
 504 such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of
 505 administration and with written authorization of a parent, and in accordance with school board
 506 regulations relating to training, security and record keeping, when the drugs administered would be
 507 normally self-administered by a student of a Virginia public school. Training for such persons shall be
 508 accomplished through a program approved by the local school boards, in consultation with the local
 509 departments of health.

510 N. In addition, this section shall not prevent the administration of drugs by a person to a child in a
 511 child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or the
 512 Child Day Care Council, provided such person (i) has satisfactorily completed a training program for
 513 this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical
 514 nurse, doctor of medicine or osteopathic medicine, or pharmacist; (ii) has obtained written authorization
 515 from a parent or guardian; (iii) administers drugs only to the child identified on the prescription label in
 516 accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of
 517 administration; and (iv) administers only those drugs that were dispensed from a pharmacy and
 518 maintained in the original, labeled container that would normally be administered by a parent or
 519 guardian to the child.

520 O. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
 521 persons if they are authorized by the State Health Commissioner in accordance with protocols
 522 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has
 523 declared a disaster or a state of emergency caused by an act of terrorism or the United States Secretary
 524 of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or
 525 other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed
 526 drugs or devices; and (iii) such persons have received the training necessary to safely administer or
 527 dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices
 528 under the direction, control and supervision of the State Health Commissioner.

529 P. Nothing in this title shall prohibit the administration of normally self-administered oral or topical
 530 drugs by unlicensed individuals to a person in his private residence.

531 Q. This section shall not interfere with any prescriber issuing prescriptions in compliance with his
 532 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to
 533 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid
 534 prescriptions.

535 R. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care
 536 technicians who are certified by an organization approved by the Board of Health Professions or persons
 537 authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.) of this title, in the
 538 ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin,
 539 topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for
 540 the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under
 541 the orders of a licensed physician, nurse practitioner or physician assistant and under the immediate and
 542 direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a
 543 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of
 544 the clinical skills instruction segment of a supervised dialysis technician training program, provided such
 545 trainee is identified as a "trainee" while working in a renal dialysis facility.

546 The dialysis care technician or dialysis patient care technician administering the medications shall
 547 have demonstrated competency as evidenced by holding current valid certification from an organization
 548 approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.) of this
 549 title.

550 S. Persons who are otherwise authorized to administer controlled substances in hospitals shall be

551 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.