

10103843D

HOUSE BILL NO. 843

Offered January 13, 2010

Prefiled January 13, 2010

A *BILL to amend and reenact § 22.1-274 of the Code of Virginia and to amend the Code of Virginia by adding in Article 6 of Chapter 2 of Title 2.2 a section numbered 2.2-214.2, by adding in Article 4 of Chapter 11 of Title 2.2 a section numbered 2.2-1161.2, and by adding sections numbered 15.2-922.2 and 59.1-296.2:2, relating to automated external defibrillators in health spas and state and local public buildings.*

Patron—Hope

Referred to Committee on General Laws

Be it enacted by the General Assembly of Virginia:

1. That § 22.1-274 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding in Article 6 of Chapter 2 of Title 2.2 a section numbered 2.2-214.2, by adding in Article 4 of Chapter 11 of Title 2.2 a section numbered 2.2-1161.2, and by adding sections numbered 15.2-922.2 and 59.1-296.2:2 as follows:

§ 2.2-214.2. *Automated External Defibrillator Grant Fund; nonreverting; purposes; report.*

A. There is hereby created in the state treasury a special nonreverting fund to be known as the Automated External Defibrillator Grant Fund, hereafter referred to as "the Fund." The Fund shall be administered by the Secretary and established on the books of the Comptroller. The Fund shall consist of such moneys appropriated by the General Assembly and any funds available from the federal government, donations, grants, and in-kind contributions made to the Fund for the purposes stated herein. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed by the Secretary or his designee.

B. The Fund is established to provide grants to localities of the Commonwealth to purchase and install automated external defibrillators in local public buildings and facilities and to develop medical emergency response programs, including the training of anticipated rescuers. To obtain the grants, localities shall make application to the Secretary in the manner prescribed by the Secretary and provide matching funds equal to the amount of the grants.

C. If at any time the amount of grants for which applications are made exceeds the balance in the Fund, then the Secretary shall determine the priority of funding based on the goal of maximizing the statewide protection of the citizens of the Commonwealth.

D. The Secretary shall provide an annual report on the status of the Fund and efforts to meet the goals of the Fund.

§ 2.2-1161.2. *Access to automatic external defibrillator in state buildings.*

A. By July 1, 2011, the Department of General Services shall develop a medical emergency response plan for each state building that is open to the public and shall ensure for each such building that:

1. The medical emergency response plan is developed in coordination with local emergency medical services providers;

2. A sufficient number of employees who possess current certification in cardiopulmonary resuscitation or have received such training within the last two years in emergency first aid and cardiopulmonary resuscitation, including training on the use of an automated external defibrillator, are assigned to the building; and

3. A sufficient number of working automated external defibrillator units are installed based on the number and frequency of people in the building.

B. All state agencies shall provide assistance to the Department, upon request, in implementing the requirements of this section and the Department's plan within their buildings.

C. As used in this section:

"Automated external defibrillator" means a medical device that combines a heart monitor and defibrillator and (i) has been approved by the United States Food and Drug Administration, (ii) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia, (iii) is capable of determining, without intervention by an operator, whether defibrillation should be performed, and (iv) automatically charges and requests delivery of an electrical impulse to an individual's heart, upon determining that defibrillation should be performed.

INTRODUCED

HB843

59 *"Medical emergency response plan" means the essential training, procedures, operations, and*
60 *assignments required to prevent, manage, and respond to medical emergencies, including cardiac arrest*
61 *and other life-threatening medical emergencies.*

62 *§ 15.2-922.2. Access to automatic external defibrillator in local government buildings.*

63 *A. By July 1, 2011, the chief local building official for each county and city shall develop a medical*
64 *emergency response plan for each local building that is open to the public and shall ensure for each*
65 *such building that:*

66 *1. The medical emergency response plan is developed in coordination with local emergency medical*
67 *services providers;*

68 *2. A sufficient number of employees who possess current certification in cardiopulmonary*
69 *resuscitation or have received such training within the last two years in emergency first aid and*
70 *cardiopulmonary resuscitation, including training on the use of an automated external defibrillator, are*
71 *assigned to the building; and*

72 *3. A sufficient number of working automated external defibrillator units are installed based on the*
73 *number and frequency of people in the building.*

74 *For purposes of implementing the provisions of this section, localities may apply for grants from the*
75 *Automated External Defibrillator Grant Fund established by § 2.2-214.2.*

76 *B. As used in this section:*

77 *"Automated external defibrillator" means a medical device that combines a heart monitor and*
78 *defibrillator and (i) has been approved by the United States Food and Drug Administration, (ii) is*
79 *capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular*
80 *tachycardia, (iii) is capable of determining, without intervention by an operator, whether defibrillation*
81 *should be performed, and (iv) automatically charges and requests delivery of an electrical impulse to an*
82 *individual's heart, upon determining that defibrillation should be performed.*

83 *"Medical emergency response plan" means the essential training, procedures, operations, and*
84 *assignments required to prevent, manage, and respond to medical emergencies, including cardiac arrest*
85 *and other life-threatening medical emergencies.*

86 *§ 22.1-274. School health services.*

87 *A. A school board shall provide pupil personnel and support services, in compliance with*
88 *§ 22.1-253.13:2. A school board may employ school nurses, physicians, physical therapists, occupational*
89 *therapists and speech therapists. No such personnel shall be employed unless they meet such standards*
90 *as may be determined by the Board of Education. Subject to the approval of the appropriate local*
91 *governing body, a local health department may provide personnel for health services for the school*
92 *division.*

93 *B. In implementing subsection O of § 22.1-253.13:2, relating to providing support services which are*
94 *necessary for the efficient and cost-effective operation and maintenance of its public schools, each*
95 *school board may strive to employ, or contract with local health departments for, nursing services*
96 *consistent with a ratio of at least one nurse (i) per 2,500 students by July 1, 1996; (ii) per 2,000*
97 *students by July 1, 1997; (iii) per 1,500 students by July 1, 1998; and (iv) per 1,000 students by July 1,*
98 *1999. In those school divisions in which there are more than 1,000 students in average daily*
99 *membership in school buildings, this section shall not be construed to encourage the employment of*
100 *more than one nurse per school building. Further, this section shall not be construed to mandate the*
101 *aspired-to ratios.*

102 *C. The Board of Education shall monitor the progress in achieving the ratios set forth in subsection*
103 *B of this section and any subsequent increase in prevailing statewide costs, and the mechanism for*
104 *funding health services, pursuant to subsection O of § 22.1-253.13:2 and the appropriation act. The*
105 *Board shall also determine how school health funds are used and school health services are delivered in*
106 *each locality and shall provide, by December 1, 1994, a detailed analysis of school health expenditures*
107 *to the House Committee on Education, the House Committee on Appropriations, the Senate Committee*
108 *on Education and Health, and the Senate Committee on Finance.*

109 *D. With the exception of school administrative personnel and persons employed by school boards*
110 *who have the specific duty to deliver health-related services, no licensed instructional employee,*
111 *instructional aide, or clerical employee shall be disciplined, placed on probation or dismissed on the*
112 *basis of such employee's refusal to (i) perform nonemergency health-related services for students or (ii)*
113 *obtain training in the administration of insulin and glucagon. However, instructional aides and clerical*
114 *employees may not refuse to dispense oral medications.*

115 *For the purposes of this subsection, "health-related services" means those activities which, when*
116 *performed in a health care facility, must be delivered by or under the supervision of a licensed or*
117 *certified professional.*

118 *E. Each school board shall ensure that, in school buildings with an instructional and administrative*
119 *staff of ten or more, (i) at least two employees have current certification in cardiopulmonary*
120 *resuscitation or have received training, within the last two years, in emergency first aid and*

cardiopulmonary resuscitation *including training in the use of an automated external defibrillator* and (ii) if one or more students diagnosed as having diabetes attend such school, at least two employees have been trained in the administration of insulin and glucagon. In school buildings with an instructional and administrative staff of fewer than ten, school boards shall ensure that (i) at least one employee has current certification in cardiopulmonary resuscitation or has received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation *including training in the use of an automated external defibrillator* and (ii) if one or more students diagnosed as having diabetes attend such school, at least one employee has been trained in the administration of insulin and glucagon. "Employee" shall include any person employed by a local health department who is assigned to the public school pursuant to an agreement between the local health department and the school board. When a registered nurse, nurse practitioner, physician or physician assistant is present, no employee who is not a registered nurse, nurse practitioner, physician or physician assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and parental consent shall be obtained for any employee who is not a registered nurse, nurse practitioner, physician or physician assistant to assist with the administration of insulin and administer glucagon.

F. Each school board shall ensure that each school building shall have a working automated external defibrillator. As used in this section, "automated external defibrillator" means a medical device that combines a heart monitor and defibrillator and (i) has been approved by the United States Food and Drug Administration, (ii) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia, (iii) is capable of determining, without intervention by an operator, whether defibrillation should be performed, and (iv) automatically charges and requests delivery of an electrical impulse to an individual's heart, upon determining that defibrillation should be performed.

§ 59.1-296.2:2. Automatic external defibrillator required.

A. On or before July 1, 2012, each health spa location shall have a working automated external defibrillator. In addition, each health spa location shall develop a medical emergency response plan in coordination with local emergency medical services providers and ensure that a sufficient number of employees have current certification in cardiopulmonary resuscitation or have received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation including training on the use of an automated external defibrillator.

B. As used in this section:

"Automated external defibrillator" means a medical device that combines a heart monitor and defibrillator and (i) has been approved by the United States Food and Drug Administration, (ii) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia, (iii) is capable of determining, without intervention by an operator, whether defibrillation should be performed, and (iv) automatically charges and requests delivery of an electrical impulse to an individual's heart, upon determining that defibrillation should be performed.

"Medical emergency response plan" means the essential training procedures, operations, and assignments required to prevent, manage, and respond to medical emergencies, including cardiac arrest and other life-threatening medical emergencies.

2. That the date of mandated compliance with this act by public schools shall be July 1, 2011, for high schools; July 1, 2012, for middle schools; and July 1, 2013, for elementary schools.