

12103651D

**HOUSE BILL NO. 1107**

Offered January 11, 2012

Prefiled January 11, 2012

*A BILL to amend and reenact §§ 8.01-225, 22.1-274, 22.1-274.2, 54.1-3303, and 54.1-3408 of the Code of Virginia, relating to public schools; administration of auto-injectable epinephrine.*

Patrons—Greason, Farrell, Hugo, Keam, Loupassi, McQuinn, Miller, Peace, Robinson and Tyler

Referred to Committee on Education

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 8.01-225, 22.1-274, 22.1-274.2, 54.1-3303, and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:**

§ 8.01-225. Persons rendering emergency care, obstetrical services exempt from liability.

A. Any person who:

1. In good faith, renders emergency care or assistance, without compensation, to any ill or injured person (i) at the scene of an accident, fire, or any life-threatening emergency; (ii) at a location for screening or stabilization of an emergency medical condition arising from an accident, fire, or any life-threatening emergency; or (iii) en route to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance.

2. In the absence of gross negligence, renders emergency obstetrical care or assistance to a female in active labor who has not previously been cared for in connection with the pregnancy by such person or by another professionally associated with such person and whose medical records are not reasonably available to such person shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care or assistance. The immunity herein granted shall apply only to the emergency medical care provided.

3. In good faith and without compensation, including any emergency medical services technician certified by the Board of Health, administers epinephrine in an emergency to an individual shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if such person has reason to believe that the individual receiving the injection is suffering or is about to suffer a life-threatening anaphylactic reaction.

4. Provides assistance upon request of any police agency, fire department, rescue or emergency squad, or any governmental agency in the event of an accident or other emergency involving the use, handling, transportation, transmission or storage of liquefied petroleum gas, liquefied natural gas, hazardous material or hazardous waste as defined in § 10.1-1400 or regulations of the Virginia Waste Management Board shall not be liable for any civil damages resulting from any act of commission or omission on his part in the course of his rendering such assistance in good faith.

5. Is an emergency medical care attendant or technician possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance whether in person or by telephone or other means of communication, without compensation, to any injured or ill person, whether at the scene of an accident, fire or any other place, or while transporting such injured or ill person to, from or between any hospital, medical facility, medical clinic, doctor's office or other similar or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment or assistance, including but in no way limited to acts or omissions which involve violations of State Department of Health regulations or any other state regulations in the rendering of such emergency care or assistance.

6. In good faith and without compensation, renders or administers emergency cardiopulmonary resuscitation, cardiac defibrillation, including, but not limited to, the use of an automated external defibrillator, or other emergency life-sustaining or resuscitative treatments or procedures which have been approved by the State Board of Health to any sick or injured person, whether at the scene of a fire, an accident or any other place, or while transporting such person to or from any hospital, clinic, doctor's office or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures and shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative treatments or procedures.

7. Operates an automated external defibrillator at the scene of an emergency, trains individuals to be operators of automated external defibrillators, or orders automated external defibrillators, shall be immune from civil liability for any personal injury that results from any act or omission in the use of an automated external defibrillator in an emergency where the person performing the defibrillation acts as

INTRODUCED

HB1107

59 an ordinary, reasonably prudent person would have acted under the same or similar circumstances,  
60 unless such personal injury results from gross negligence or willful or wanton misconduct of the person  
61 rendering such emergency care.

62 8. Is a volunteer in good standing and certified to render emergency care by the National Ski Patrol  
63 System, Inc., who, in good faith and without compensation, renders emergency care or assistance to any  
64 injured or ill person, whether at the scene of a ski resort rescue, outdoor emergency rescue or any other  
65 place or while transporting such injured or ill person to a place accessible for transfer to any available  
66 emergency medical system unit, or any resort owner voluntarily providing a ski patroller employed by  
67 him to engage in rescue or recovery work at a resort not owned or operated by him, shall not be liable  
68 for any civil damages for acts or omissions resulting from the rendering of such emergency care,  
69 treatment or assistance, including but not limited to acts or omissions which involve violations of any  
70 state regulation or any standard of the National Ski Patrol System, Inc., in the rendering of such  
71 emergency care or assistance, unless such act or omission was the result of gross negligence or willful  
72 misconduct.

73 9. Is an employee of a school board, authorized by a prescriber and trained in the administration of  
74 insulin and glucagon, who, upon the written request of the parents as defined in § 22.1-1, assists with  
75 the administration of insulin or administers glucagon to a student diagnosed as having diabetes who  
76 requires insulin injections during the school day or for whom glucagon has been prescribed for the  
77 emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence  
78 in acts or omissions resulting from the rendering of such treatment if the insulin is administered  
79 according to the child's medication schedule or such employee has reason to believe that the individual  
80 receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any  
81 employee of a school board is covered by the immunity granted herein, the school board employing him  
82 shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the  
83 rendering of such insulin or glucagon treatment.

84 10. *Is a school nurse or an employee of a school board, authorized by a prescriber and trained in*  
85 *the administration of auto-injectable epinephrine pursuant to subsection E of § 22.1-274, who provides,*  
86 *administers, or assists in the administration of auto-injectable epinephrine to a student believed in good*  
87 *faith to be having an anaphylactic reaction shall not be liable for any civil damages for ordinary*  
88 *negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee*  
89 *of a school board is covered by the immunity granted herein, the school board employing him shall not*  
90 *be liable for any civil damages for ordinary negligence in acts or omissions resulting from the*  
91 *rendering of such treatment.*

92 B. Any licensed physician serving without compensation as the operational medical director for a  
93 licensed emergency medical services agency in this Commonwealth shall not be liable for any civil  
94 damages for any act or omission resulting from the rendering of emergency medical services in good  
95 faith by the personnel of such licensed agency unless such act or omission was the result of such  
96 physician's gross negligence or willful misconduct.

97 Any person serving without compensation as a dispatcher for any licensed public or nonprofit  
98 emergency services agency in this Commonwealth shall not be liable for any civil damages for any act  
99 or omission resulting from the rendering of emergency services in good faith by the personnel of such  
100 licensed agency unless such act or omission was the result of such dispatcher's gross negligence or  
101 willful misconduct.

102 Any individual, certified by the State Office of Emergency Medical Services as an emergency  
103 medical services instructor and pursuant to a written agreement with such office, who, in good faith and  
104 in the performance of his duties, provides instruction to persons for certification or recertification as a  
105 certified basic life support or advanced life support emergency medical services technician shall not be  
106 liable for any civil damages for acts or omissions on his part directly relating to his activities on behalf  
107 of such office unless such act or omission was the result of such emergency medical services instructor's  
108 gross negligence or willful misconduct.

109 Any licensed physician serving without compensation as a medical advisor to an E-911 system in  
110 this Commonwealth shall not be liable for any civil damages for any act or omission resulting from  
111 rendering medical advice in good faith to establish protocols to be used by the personnel of the E-911  
112 service, as defined in § 58.1-1730, when answering emergency calls unless such act or omission was the  
113 result of such physician's gross negligence or willful misconduct.

114 Any licensed physician who directs the provision of emergency medical services, as authorized by  
115 the State Board of Health, through a communications device shall not be liable for any civil damages  
116 for any act or omission resulting from the rendering of such emergency medical services unless such act  
117 or omission was the result of such physician's gross negligence or willful misconduct.

118 Any licensed physician serving without compensation as a supervisor of an automated external  
119 defibrillator in this Commonwealth shall not be liable for any civil damages for any act or omission  
120 resulting from rendering medical advice in good faith to the owner of the automated external

defibrillator relating to personnel training, local emergency medical services coordination, protocol approval, automated external defibrillator deployment strategies, and equipment maintenance plans and records unless such act or omission was the result of such physician's gross negligence or willful misconduct.

C. Any communications services provider, as defined in § 58.1-647, including mobile service, and any provider of Voice-over-Internet Protocol service, in this Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering such service with or without charge related to emergency calls unless such act or omission was the result of such service provider's gross negligence or willful misconduct.

Any volunteer engaging in rescue or recovery work at a mine or any mine operator voluntarily providing personnel to engage in rescue or recovery work at a mine not owned or operated by such operator, shall not be liable for civil damages for acts or omissions resulting from the rendering of such rescue or recovery work in good faith unless such act or omission was the result of gross negligence or willful misconduct. For purposes of this subsection, the term "Voice-over-Internet Protocol service" or "VoIP service" means any Internet protocol-enabled services utilizing a broadband connection, actually originating or terminating in Internet Protocol from either or both ends of a channel of communication offering real time, multidirectional voice functionality, including, but not limited to, services similar to traditional telephone service.

D. Nothing contained in this section shall be construed to provide immunity from liability arising out of the operation of a motor vehicle.

E. [Expired.]

F. For the purposes of this section, the term "compensation" shall not be construed to include (i) the salaries of police, fire or other public officials or personnel who render such emergency assistance, (ii) the salaries or wages of employees of a coal producer engaging in emergency medical technician service or first aid service pursuant to the provisions of § 45.1-161.38, 45.1-161.101, 45.1-161.199 or 45.1-161.263, (iii) complimentary lift tickets, food, lodging or other gifts provided as a gratuity to volunteer members of the National Ski Patrol System, Inc., by any resort, group or agency, (iv) the salary of any person who (a) owns an automated external defibrillator for the use at the scene of an emergency, (b) trains individuals, in courses approved by the Board of Health, to operate automated external defibrillators at the scene of emergencies, (c) orders automated external defibrillators for use at the scene of emergencies, or (d) operates an automated external defibrillator at the scene of an emergency, or (v) expenses reimbursed to any person providing care or assistance pursuant to this section.

For the purposes of this section, an emergency medical care attendant or technician shall be deemed to include a person licensed or certified as such or its equivalent by any other state when he is performing services which he is licensed or certified to perform by such other state in caring for a patient in transit in this Commonwealth, which care originated in such other state.

Further, the public shall be urged to receive training on how to use cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) in order to acquire the skills and confidence to respond to emergencies using both CPR and an AED.

§ 22.1-274. School health services.

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

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

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

to the House Committee on Education, the House Committee on Appropriations, the Senate Committee on Education and Health, and the Senate Committee on Finance.

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

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

E. Each school board shall ensure that, in school buildings with an instructional and administrative staff of ~~ten~~ 10 or more, (i) at least two employees have current certification in cardiopulmonary resuscitation or have received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation ~~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; ~~and~~ (iii) *if one or more students diagnosed as having a life-threatening allergy attends such school, at least two employees have been trained in the administration of auto-injectable epinephrine.* In school buildings with an instructional and administrative staff of fewer than ~~ten~~ 10, school boards shall ensure that ~~(i)~~ (a) 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 ~~and~~ ~~(ii)~~; (b) 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; ~~and~~ (c) *if one or more students diagnosed as having a life-threatening allergy attends such school, at least one employee has been trained in the assistance of administration of auto-injectable epinephrine.* "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 *administer or* assist with the administration of insulin ~~and administer~~, glucagon, *or auto-injectable epinephrine.*

§ 22.1-274.2. Possession and self-administration of inhaled asthma medications and auto-injectable epinephrine by certain students.

A. ~~Effective on July 1, 2000, local~~ Local school boards shall develop and implement policies permitting a student with a diagnosis of asthma or anaphylaxis, or both, to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, during the school day, at school-sponsored activities, or while on a school bus or other school property. Such policies shall include, but not be limited to, provisions for:

1. Written consent of the parent, as defined in § 22.1-1, of a student with a diagnosis of asthma or anaphylaxis, or both, that the student may self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.

2. Written notice from the student's primary care provider or medical specialist, or a licensed physician or licensed nurse practitioner that (i) identifies the student; (ii) states that the student has a diagnosis of asthma or anaphylaxis, or both, and has approval to self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, that have been prescribed or authorized for the student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications or auto-injectable epinephrine, such as before exercising or engaging in physical activity to prevent the onset of asthma symptoms or to alleviate asthma symptoms after the onset of an asthma episode; and (iv) attests to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.

3. Development of an individualized health care plan, including emergency procedures for any life-threatening conditions.

4. Consultation with the student's parent before any limitations or restrictions are imposed upon a student's possession and self-administration of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year is revoked.

5. Self-administration of inhaled asthma medications and auto-injectable epinephrine to be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.

6. Disclosure or dissemination of information pertaining to the health condition of a student to school board employees to comply with §§ 22.1-287 and 22.1-289 and the federal Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. § 1232g, which govern the disclosure and dissemination of information contained in student scholastic records.

B. The permission granted a student with a diagnosis of asthma or anaphylaxis, or both, to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, shall be effective for one school year. Permission to possess and self-administer such medications shall be renewed annually. For the purposes of this section, "one school year" means 365 calendar days.

*C. Local school boards may develop and implement policies for the possession and administration of auto-injectable epinephrine by a school nurse or an employee of the school board who is authorized and trained in the administration of epinephrine auto-injectors pursuant to subsection E of § 22.1-274. The policies may authorize a school nurse, or an employee of the school board who is authorized and trained in the administration of epinephrine auto-injectors pursuant to subsection E of § 22.1-274, to provide auto-injectable epinephrine to a student with a prescription on file. The local school board may authorize a school nurse, or an employee of the school board who is authorized and trained in the administration of epinephrine auto-injectors pursuant to subsection E of § 22.1-274, to administer auto-injectable epinephrine to any student believed to be having an anaphylactic reaction in accordance with a protocol developed by the Board of Medicine and the Board of Nursing.*

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship.

For purposes of this section, a bona fide practitioner-patient-pharmacist relationship is one in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to his patient for a medicinal or therapeutic purpose within the course of his professional practice. In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Any practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than medicinally or for therapeutic purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the distribution or possession of controlled substances.

B. In order to determine whether a prescription that appears questionable to the pharmacist results from a bona fide practitioner-patient relationship, the pharmacist shall contact the prescribing practitioner or his agent and verify the identity of the patient and name and quantity of the drug prescribed. The person knowingly filling an invalid prescription shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the sale, distribution or possession of controlled substances.

No prescription shall be filled unless there is a bona fide practitioner-patient-pharmacist relationship. A prescription not issued in the usual course of treatment or for authorized research is not a valid prescription.

C. Notwithstanding any provision of law to the contrary and consistent with recommendations of the Centers for Disease Control and Prevention or the Department of Health, a practitioner may prescribe Schedule VI antibiotics and antiviral agents to other persons in close contact with a diagnosed patient when (i) the practitioner meets all requirements of a bona fide practitioner-patient relationship, as defined in subsection A, with the diagnosed patient; (ii) in the practitioner's professional judgment, the practitioner deems there is urgency to begin treatment to prevent the transmission of a communicable disease; (iii) the practitioner has met all requirements of a bona fide practitioner-patient relationship, as defined in subsection A, for the close contact except for the physical examination required in clause (iii) of subsection A; and (iv) when such emergency treatment is necessary to prevent imminent risk of death, life-threatening illness, or serious disability.

D. A pharmacist may dispense a controlled substance pursuant to a prescription of an out-of-state

practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine authorized to issue such prescription if the prescription complies with the requirements of this chapter and Chapter 34 (§ 54.1-3400 et seq.), known as the "Drug Control Act."

E. A licensed nurse practitioner who is authorized to prescribe controlled substances pursuant to § 54.1-2957.01 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

F. A licensed physician assistant who is authorized to prescribe controlled substances pursuant to § 54.1-2952.1 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

G. A TPA-certified optometrist who is authorized to prescribe controlled substances pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 may issue prescriptions in good faith or provide manufacturers' professional samples to his patients for medicinal or therapeutic purposes within the scope of his professional practice for the drugs specified on the TPA-Formulary, established pursuant to § 54.1-3223, which shall be limited to (i) oral analgesics included in Schedules III through VI, as defined in §§ 54.1-3450 and 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.), which are appropriate to relieve ocular pain, (ii) other oral Schedule VI controlled substances, as defined in § 54.1-3455 of the Drug Control Act, appropriate to treat diseases and abnormal conditions of the human eye and its adnexa, (iii) topically applied Schedule VI drugs, as defined in § 54.1-3455 of the Drug Control Act, and (iv) intramuscular administration of epinephrine for treatment of emergency cases of anaphylactic shock.

H. The requirement for a bona fide practitioner-patient relationship shall be deemed to be satisfied by a member or committee of a hospital's medical staff when approving a standing order or protocol for the administration of influenza vaccinations and pneumococcal vaccinations in a hospital in compliance with § 32.1-126.4.

*I. Notwithstanding any provision of law to the contrary and pursuant to a standing protocol developed by the Board of Medicine, a physician may issue a prescription to a local school board for auto-injectable epinephrine.*

§ 54.1-3408. Professional use by practitioners.

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

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

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

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

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

*Pursuant to a standing protocol developed by the Board of Medicine and the Board of Nursing, a school nurse may possess and administer auto-injectable epinephrine.*

E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed physical therapists to possess and

administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

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

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

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

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

I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist, nurse, certified emergency medical technician-intermediate, or emergency medical technician-paramedic under the direction of an operational medical director when the prescriber is not physically present. Emergency medical services personnel shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

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

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

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

K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered professional nurses certified as sexual assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess and administer preventive medications for victims of sexual assault as recommended by the Centers for Disease Control and Prevention.

L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) an individual receiving services in a program licensed by the Department of Behavioral Health and

428 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision  
429 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the  
430 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program  
431 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of  
432 any facility authorized or operated by a state or local government whose primary purpose is not to  
433 provide health care services; (vi) a resident of a private children's residential facility, as defined in  
434 § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department  
435 of Behavioral Health and Developmental Services; or (vii) a student in a school for students with  
436 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

437 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.)  
438 of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any  
439 assisted living facility licensed by the Department of Social Services. A registered medication aide shall  
440 administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to  
441 dosage, frequency, and manner of administration; in accordance with regulations promulgated by the  
442 Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living  
443 facility's Medication Management Plan; and in accordance with such other regulations governing their  
444 practice promulgated by the Board of Nursing.

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

452 O. In addition, this section shall not prevent the administration of drugs by a person to a child in a  
453 child day program as defined in § 63.2-100 and regulated by the State Board of Social Services, the  
454 Child Day Care Council, or a local government pursuant to § 15.2-914, provided such person (i) has  
455 satisfactorily completed a training program for this purpose approved by the Board of Nursing and  
456 taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or  
457 pharmacist; (ii) has obtained written authorization from a parent or guardian; (iii) administers drugs only  
458 to the child identified on the prescription label in accordance with the prescriber's instructions pertaining  
459 to dosage, frequency, and manner of administration; and (iv) administers only those drugs that were  
460 dispensed from a pharmacy and maintained in the original, labeled container that would normally be  
461 administered by a parent or guardian to the child.

462 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by  
463 persons if they are authorized by the State Health Commissioner in accordance with protocols  
464 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has  
465 declared a disaster or a state of emergency or the United States Secretary of Health and Human Services  
466 has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public  
467 health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such  
468 persons have received the training necessary to safely administer or dispense the needed drugs or  
469 devices. Such persons shall administer or dispense all drugs or devices under the direction, control and  
470 supervision of the State Health Commissioner.

471 Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by  
472 unlicensed individuals to a person in his private residence.

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

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

488 The dialysis care technician or dialysis patient care technician administering the medications shall  
489 have demonstrated competency as evidenced by holding current valid certification from an organization



490 approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.) of this  
491 title.

492 T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be  
493 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

494 U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a  
495 prescriber may authorize the administration of controlled substances by personnel who have been  
496 properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not  
497 include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for  
498 such administration.

499 V. A nurse or a dental hygienist may possess and administer topical fluoride varnish to the teeth of  
500 children aged six months to three years pursuant to an oral or written order or a standing protocol issued  
501 by a doctor of medicine, osteopathic medicine, or dentistry that conforms to standards adopted by the  
502 Virginia Department of Health.

503 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may  
504 authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse,  
505 licensed practical nurse under the direction and immediate supervision of a registered nurse, certified  
506 emergency medical technician-intermediate, or emergency medical technician-paramedic when the  
507 prescriber is not physically present.