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HOUSE BILL NO. 1377

Offered January 9, 2013

Prefiled December 10, 2012

A BILL to amend and reenact §§ 8.01-225, 22.1-274, and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 22.1-274.01:1, relating to the care of students who have been diagnosed with diabetes.

Patron—Cole (By Request)

Referred to Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225, 22.1-274, 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 22.1-274.01:1 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

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59 automated external defibrillator in an emergency where the person performing the defibrillation acts as
60 an ordinary, reasonably prudent person would have acted under the same or similar circumstances,
61 unless such personal injury results from gross negligence or willful or wanton misconduct of the person
62 rendering such emergency care.

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

74 9. Is an employee of a school board *or an employee of a local health department approved by the*
75 *local governing body to provide health services pursuant to subsection A of § 22.1-274*, authorized by a
76 prescriber and trained in the administration of insulin and glucagon, who, upon the written request of the
77 parents as defined in § 22.1-1, assists with the administration of insulin or administers glucagon to a
78 student diagnosed as having diabetes who requires insulin injections during the school day or for whom
79 glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for any
80 civil damages for ordinary negligence in acts or omissions resulting from the rendering of such
81 treatment if the insulin is administered according to the child's medication schedule or such employee
82 has reason to believe that the individual receiving the glucagon is suffering or is about to suffer
83 life-threatening hypoglycemia. Whenever any employee of a school board *or local health department* is
84 covered by the immunity granted ~~herein in this subdivision~~, the school board *or local health department*
85 employing him shall not be liable for any civil damages for ordinary negligence in acts or omissions
86 resulting from the rendering of such insulin or glucagon treatment.

87 10. Is a school nurse or an employee of a school board, authorized by a prescriber and trained in the
88 administration of epinephrine, who provides, administers, or assists in the administration of epinephrine
89 to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the
90 epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions
91 resulting from the 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 the~~ 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 the~~ Commonwealth shall not be liable for any civil damages for any
99 act or omission resulting from the rendering of emergency services in good faith by the personnel of
100 such 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 the~~ 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 the~~ 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~~ *the* 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~~ *the* 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

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

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

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

193 E. Each school board shall ensure that, in school buildings with an instructional and administrative
194 staff of ~~ten~~ 10 or more, (i) at least two employees have current certification in cardiopulmonary
195 resuscitation or have received training, within the last two years, in emergency first aid and
196 cardiopulmonary resuscitation and (ii) if one or more students diagnosed as having diabetes attend such
197 school, at least two employees have been trained in the administration of insulin and glucagon. In school
198 buildings with an instructional and administrative staff of fewer than ~~ten~~ 10, school boards shall ensure
199 that ~~(i)~~ (a) at least one employee has current certification in cardiopulmonary resuscitation or has
200 received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation and
201 ~~(ii)~~ (b) if one or more students diagnosed as having diabetes attend such school, at least ~~one employee~~
202 ~~has two employees~~ have been trained in the administration of insulin and glucagon. "Employee" shall
203 ~~include~~ includes any person employed by a local health department who is assigned to the public school
204 pursuant to an agreement between the local health department and the school board. When a registered
205 nurse, nurse practitioner, physician or physician assistant is present, no employee who is not a registered
206 nurse, nurse practitioner, physician or physician assistant shall assist with the administration of insulin or
207 administer glucagon. Prescriber authorization and parental consent shall be obtained for any employee
208 who is not a registered nurse, nurse practitioner, physician or physician assistant to assist with the
209 administration of insulin and administer glucagon.

210 **§ 22.1-274.01:1. Care of students who have been diagnosed with diabetes.**

211 A. For the purposes of this section:

212 "Delegated care aide" means any employee of a school board, except for a school nurse, or any
213 employee of a local health department approved by the local governing body to provide health services
214 pursuant to subsection A of § 22.1-274 who has entered into an agreement with the parents of a student
215 diagnosed with diabetes in which the employee has agreed to assist the student to manage his diabetes
216 when a school nurse or physician is not present in the school or at a school-sponsored activity and who
217 receives training in diabetes care, including the administration of insulin and glucagon.

218 "Diabetes care plan" means an agreement between parents and a delegated care aide that sets forth
219 the care that a student diagnosed with diabetes requires and that the delegated care aide may provide
220 in the event that a school nurse or physician is not present in the school or at a school-sponsored
221 activity.

222 "Parents" means any parent, guardian, legal custodian, or other person having control or charge of
223 a child.

224 "Physician" means a person licensed to practice medicine or osteopathy in the Commonwealth
225 pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1.

226 "School nurse" means any nurse practitioner, registered nurse, licensed practical nurse, or certified
227 nurse aide who is an employee of a school board, who has been trained in the administration of insulin
228 and glucagon, and who has been authorized by a physician, in a written order or standing protocol, to
229 provide diabetes care, including the administration of insulin and glucagon.

230 B. The parents of each student who has been diagnosed with any form of diabetes and who attends a
231 public elementary or secondary school shall develop, sign, and submit in advance of each school year,
232 or as soon as is practicable after the student has been diagnosed with diabetes, a diabetes care plan to
233 a school nurse. The provisions of the diabetes care plan shall be reasonable and shall include (i)
234 instructions from the student's physician regarding proper management of the student's diabetes during
235 the school day or at a school-sponsored activity, (ii) copies of any prescriptions signed by the student's
236 physician, (iii) any special instructions from the student's physician regarding the administration of
237 insulin or glucagon, (iv) any special requirements regarding the student's diet or monitoring of the
238 student's blood glucose levels, (v) a written order or standing protocol from the student's physician
239 authorizing the delegated care aide to possess and administer insulin or glucagon to the student when a
240 school nurse or physician is not present in the school or at a school-sponsored activity, (vi) procedures
241 to be followed by the delegated care aide regarding contacting the parents, the physician, or a school
242 nurse to confirm that a certain insulin dosage is appropriate, (vii) a blank space where the delegated
243 care aide shall record all glucometer readings performed and insulin or glucagon administered during

any school day, (viii) procedures to be followed by the delegated care aide in emergency situations, and (ix) emergency contact information.

C. The parents of each student who has been diagnosed with diabetes shall notify a school nurse and the delegated care aide when the student's needs change during the school year and shall update the diabetes care plan accordingly. Parents shall also be responsible for informing the school in a timely manner of any changes to their emergency contact information.

D. Each delegated care aide shall be trained, as soon as is practicable after he has been delegated, by a physician with expertise in diabetes or a certified diabetes educator to perform the tasks necessary to assist the student who has been diagnosed with diabetes in accordance with the diabetes care plan, including:

1. Checking blood glucose levels and recording the results;
2. Recognizing and responding to the symptoms of hyperglycemia according to the diabetes care plan;
3. Administering insulin according to the student's diabetes care plan and keeping a record of the amount administered;
4. Recognizing and responding to the symptoms of hypoglycemia according to the diabetes care plan;
5. Administering glucagon according to the student's diabetes care plan and keeping a record of the amount administered;
6. Estimating the number of carbohydrates in a snack or lunch; and
7. Responding in situations involving the student who has been diagnosed with diabetes that require emergency medical attention.

E. Each delegated care aide shall perform the duties necessary to assist a student diagnosed with diabetes in accordance with the student's diabetes care plan, employing the training that the delegated care aide received pursuant to subsection D. Each delegated care aide shall only possess insulin or glucagon for the purpose of administering it to a student diagnosed with diabetes when a school nurse or physician is not present in the school or at a school-sponsored activity. Delegated care aides may consult with and receive technical assistance from a school nurse and the student's physician when necessary. When an unexpected snack or meal requires a dose of insulin that is not anticipated by a student's diabetes care plan, the delegated care aide shall consult with the parents, the physician, or a school nurse to confirm that the insulin dosage is appropriate based on the contents of the snack or meal that the student may consume and the student's blood glucose level, as determined by a glucometer reading.

F. Provided that a student who has been diagnosed with diabetes is of suitable age and discretion, in accordance with guidelines developed by the Board, the student's parents may authorize the student, in the diabetes care plan, to possess at all times the supplies and equipment necessary to monitor and treat his diabetes, to check and record his own blood glucose levels, to administer his own glucagon for the nonemergency treatment of hypoglycemia, and to administer his own insulin in lieu of having it administered by a delegated care aide, school nurse, or physician.

G. In any school at which a student diagnosed with diabetes is in attendance, all school employees shall receive basic training, coordinated by the school board, in diabetes care, including identification of situations involving a student diagnosed with diabetes that require emergency medical attention and the proper entities or individuals to contact in such situations.

H. Each delegated care aide shall provide an information sheet to any school board employee who transports a student to or from a school-sponsored activity. The information sheet shall identify the student diagnosed with diabetes, identify emergencies that may occur as a result of the student's diabetes, identify the appropriate responses to such emergencies, and provide emergency contact information.

I. No school board shall prohibit a student from attending a school within the local school division or from attending a school-sponsored activity on the basis that the student has been diagnosed with diabetes.

J. No school nurse or delegated care aide shall be disciplined, placed on probation, or dismissed for ordinary negligence in acts or omissions made during the care of a student who has been diagnosed with diabetes.

K. Nothing in this section shall limit any rights available under federal law.

§ 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 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 (i) administer drugs and devices; ~~or he may;~~ (ii) cause them to be administered by a nurse, physician assistant or intern under his direction and supervision; ~~or he may;~~ (iii) prescribe and cause drugs and devices to be administered to patients in (a) state-owned or state-operated hospitals ~~or;~~ (b) facilities licensed as hospitals by the Board of Health, or (c) 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 (iv) 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 an order or standing protocol issued by the prescriber within the course of his professional practice, a school nurse, or any school board employee who is authorized and trained in the administration of epinephrine, may possess and administer 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 *or an employee of a local health department approved by the local governing body to provide health services pursuant to subsection A of § 22.1-274* 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 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult ~~day-care~~ *day care* center licensed by the Department of Social Services; (v) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

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

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

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

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

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

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

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

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

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