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HOUSE BILL NO. 1458

AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the Senate Committee on Education and Health
on February 12, 2015

(Patron Prior to Substitute—Delegate O'Bannon)

A BILL to amend and reenact §§ 8.01-225 and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding sections numbered 54.1-3303.1 and 54.1-3408.001, relating to prescription, distribution, and administration of naloxone.

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225 and 54.1-3408 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding sections numbered 54.1-3303.1 and 54.1-3408.001 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 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 (CPR); cardiac defibrillation, including, but not limited to, the use of an automated external defibrillator (AED); 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 AED at the scene of an emergency, trains individuals to be operators of AEDs, or orders AEDs, shall be immune from civil liability for any personal injury that results from any act or omission in the use of an AED in an emergency where the person performing the defibrillation acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances, unless such personal injury results from gross negligence or willful or wanton misconduct of the person

SENATE SUBSTITUTE

HB1458S1

60 rendering such emergency care.

61 8. Maintains an AED located on real property owned or controlled by such person shall be immune
62 from civil liability for any personal injury that results from any act or omission in the use in an
63 emergency of an AED located on such property unless such personal injury results from gross
64 negligence or willful or wanton misconduct of the person who maintains the AED or his agent or
65 employee.

66 9. Is an employee of a school board or of a local health department approved by the local governing
67 body to provide health services pursuant to § 22.1-274 who, while on school property or at a
68 school-sponsored event, (i) renders emergency care or assistance to any sick or injured person; (ii)
69 renders or administers emergency cardiopulmonary resuscitation (CPR); cardiac defibrillation, including,
70 but not limited to, the use of an automated external defibrillator (AED); or other emergency
71 life-sustaining or resuscitative treatments or procedures that have been approved by the State Board of
72 Health to any sick or injured person; (iii) operates an AED, trains individuals to be operators of AEDs,
73 or orders AEDs; or (iv) maintains an AED, shall not be liable for civil damages for ordinary negligence
74 in acts or omissions on the part of such employee while engaged in the acts described in this
75 subdivision.

76 10. Is a volunteer in good standing and certified to render emergency care by the National Ski Patrol
77 System, Inc., who, in good faith and without compensation, renders emergency care or assistance to any
78 injured or ill person, whether at the scene of a ski resort rescue, outdoor emergency rescue, or any other
79 place or while transporting such injured or ill person to a place accessible for transfer to any available
80 emergency medical system unit, or any resort owner voluntarily providing a ski patroller employed by
81 him to engage in rescue or recovery work at a resort not owned or operated by him, shall not be liable
82 for any civil damages for acts or omissions resulting from the rendering of such emergency care,
83 treatment, or assistance, including but not limited to acts or omissions which involve violations of any
84 state regulation or any standard of the National Ski Patrol System, Inc., in the rendering of such
85 emergency care or assistance, unless such act or omission was the result of gross negligence or willful
86 misconduct.

87 11. Is an employee of a school board, authorized by a prescriber and trained in the administration of
88 insulin and glucagon, who, upon the written request of the parents as defined in § 22.1-1, assists with
89 the administration of insulin or administers glucagon to a student diagnosed as having diabetes who
90 requires insulin injections during the school day or for whom glucagon has been prescribed for the
91 emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence
92 in acts or omissions resulting from the rendering of such treatment if the insulin is administered
93 according to the child's medication schedule or such employee has reason to believe that the individual
94 receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any
95 employee of a school board is covered by the immunity granted herein, the school board employing him
96 shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the
97 rendering of such insulin or glucagon treatment.

98 12. Is a school nurse, an employee of a school board, an employee of a local governing body, or an
99 employee of a local health department who is authorized by a prescriber and trained in the
100 administration of epinephrine and who provides, administers, or assists in the administration of
101 epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber
102 of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions
103 resulting from the rendering of such treatment.

104 13. Is an employee of a provider licensed by the Department of Behavioral Health and
105 Developmental Services, or provides services pursuant to a contract with a provider licensed by the
106 Department of Behavioral Health and Developmental Services, who has been trained in the
107 administration of insulin and glucagon and who administers or assists with the administration of insulin
108 or administers glucagon to a person diagnosed as having diabetes who requires insulin injections or for
109 whom glucagon has been prescribed for the emergency treatment of hypoglycemia in accordance with
110 § 54.1-3408 shall not be liable for any civil damages for ordinary negligence in acts or omissions
111 resulting from the rendering of such treatment if the insulin is administered in accordance with the
112 prescriber's instructions or such person has reason to believe that the individual receiving the glucagon is
113 suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a provider
114 licensed by the Department of Behavioral Health and Developmental Services or a person who provides
115 services pursuant to a contract with a provider licensed by the Department of Behavioral Health and
116 Developmental Services is covered by the immunity granted herein, the provider shall not be liable for
117 any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such
118 insulin or glucagon treatment.

119 14. Is an employee of a provider licensed by the Department of Behavioral Health and
120 Developmental Services, or provides services pursuant to a contract with a provider licensed by the
121 Department of Behavioral Health and Developmental Services, who has been trained in the

administration of epinephrine and who administers or assists in the administration of epinephrine to a person believed in good faith to be having an anaphylactic reaction in accordance with the prescriber's instructions shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

15. In good faith and without compensation, administers naloxone in an emergency to an individual who is *believed to be* experiencing or is about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if such administering person is a participant in a pilot program conducted by the Department of Behavioral Health and Developmental Services on the administration of naloxone for the purpose of counteracting the effects of opiate overdose.

16. *Is a first responder, a member of an emergency medical services agency, or a law-enforcement officer as defined in § 9.1-101 who has been trained in the administration of naloxone and in good faith administers naloxone or any other opioid antagonists in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall be immune from civil liability for any personal injury that results from any act or omission in the rendering of such treatment, unless such act or omission was the result of gross negligence or willful misconduct.*

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

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

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

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

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

Any licensed physician serving without compensation as a supervisor of an AED in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in good faith to the owner of the AED relating to personnel training, local emergency medical services coordination, protocol approval, AED 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 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

183 traditional telephone service.

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

186 E. ~~{Expired.}~~

187 F. For the purposes of this section, the term "compensation" shall not be construed to include (i) the
188 salaries of police, fire, or other public officials or personnel who render such emergency assistance, (ii)
189 the salaries or wages of employees of a coal producer engaging in emergency medical technician service
190 or first aid service pursuant to the provisions of § 45.1-161.38, 45.1-161.101, 45.1-161.199, or
191 45.1-161.263, (iii) complimentary lift tickets, food, lodging, or other gifts provided as a gratuity to
192 volunteer members of the National Ski Patrol System, Inc., by any resort, group, or agency, (iv) the
193 salary of any person who (a) owns an AED for the use at the scene of an emergency, (b) trains
194 individuals, in courses approved by the Board of Health, to operate AEDs at the scene of emergencies,
195 (c) orders AEDs for use at the scene of emergencies, or (d) operates an AED at the scene of an
196 emergency, or (v) expenses reimbursed to any person providing care or assistance pursuant to this
197 section.

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

202 Further, the public shall be urged to receive training on how to use CPR and an AED in order to
203 acquire the skills and confidence to respond to emergencies using both CPR and an AED.

204 **§ 54.1-3303.1. Prescription and dispensation of naloxone.**

205 A. Notwithstanding the provisions of § 54.1-3303 or any other law to the contrary, a practitioner
206 may prescribe naloxone to a patient for administration to a person other than the patient when that
207 person is experiencing or is about to experience a life-threatening opiate overdose, provided that the
208 naloxone product is approved by the U.S. Food and Drug Administration for such purpose.

209 B. A practitioner who prescribes naloxone to a patient for administration to a person other than the
210 patient, in accordance with subsection A, shall not be civilly liable, absent gross negligence or willful or
211 wanton misconduct, or criminally liable for any personal injury that results from such prescription or
212 the administration of naloxone pursuant to such prescription.

213 **§ 54.1-3408. Professional use by practitioners.**

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

219 B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral
220 prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may
221 cause drugs or devices to be administered by:

222 1. A nurse, physician assistant, or intern under his direction and supervision;

223 2. Persons trained to administer drugs and devices to patients in state-owned or state-operated
224 hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by
225 the Department of Behavioral Health and Developmental Services who administer drugs under the
226 control and supervision of the prescriber or a pharmacist;

227 3. Emergency medical services personnel certified and authorized to administer drugs and devices
228 pursuant to regulations of the Board of Health who act within the scope of such certification and
229 pursuant to an oral or written order or standing protocol; or

230 4. A licensed respiratory care practitioner as defined in § 54.1-2954 who administers by inhalation
231 controlled substances used in inhalation or respiratory therapy.

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

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

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

243 Pursuant to an order or standing protocol issued by the prescriber within the course of his
244 professional practice, any school nurse, school board employee, employee of a local governing body, or

employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services may possess and administer epinephrine, provided such person is authorized and trained in the administration of 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; oxygen for use in emergency situations; and 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.

Pursuant to a written order issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services to assist with the administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee or person providing services has been trained in the administration of insulin and glucagon.

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

306 supervision, as defined in § 54.1-2722, to possess and administer topical oral fluorides, topical oral
307 anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions,
308 as well as any other Schedule VI topical drug approved by the Board of Dentistry.

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

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

317 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
318 completed a training program for this purpose approved by the Board of Nursing and who administers
319 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
320 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
321 security and record keeping, when the drugs administered would be normally self-administered by (i) an
322 individual receiving services in a program licensed by the Department of Behavioral Health and
323 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
324 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
325 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
326 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of
327 any facility authorized or operated by a state or local government whose primary purpose is not to
328 provide health care services; (vi) a resident of a private children's residential facility, as defined in
329 § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department
330 of Behavioral Health and Developmental Services; or (vii) a student in a school for students with
331 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

332 In addition, this section shall not prevent a person who has successfully completed a training
333 program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of
334 Nursing and been evaluated by a registered nurse as having demonstrated competency in administration
335 of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from
336 a program licensed by the Department of Behavioral Health and Developmental Services to such person
337 via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via
338 percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

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

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

354 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in
355 a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a
356 local government pursuant to § 15.2-914, or (ii) a student at a private school that complies with the
357 accreditation requirements set forth in § 22.1-19 and is accredited by the Virginia Council for Private
358 Education, provided such person (a) has satisfactorily completed a training program for this purpose
359 approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of
360 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or
361 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with
362 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)
363 administers only those drugs that were dispensed from a pharmacy and maintained in the original,
364 labeled container that would normally be self-administered by the child or student, or administered by a
365 parent or guardian to the child or student.

366 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
367 persons if they are authorized by the State Health Commissioner in accordance with protocols

established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and supervision of the State Health Commissioner.

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

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

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

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

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

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

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

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

X. Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot programs conducted by the Department of Behavioral Health and Developmental Services, a person may obtain a prescription for a family member or a friend and may possess and administer *Nothing in this section shall prohibit the administration of naloxone for the purpose of counteracting the effects of or any other opioid antagonists to a person who is believed to be experiencing or about to experience a life-threatening opiate overdose by an unlicensed person who has received a prescription for naloxone or any other opioid antagonists pursuant to § 54.1-3303.1.*

Y. Pursuant to a written order or standing protocol and pursuant to regulations of the Board of Health, a prescriber may authorize emergency medical services personnel and other first responders to possess naloxone or any other opioid antagonists and administer naloxone or any other opioid antagonists to a person who is believed to be experiencing or about to experience a life-threatening opiate overdose.

§ 54.1-3408.001. Administration of naloxone or other opioid antagonist by first responders and emergency medical services personnel.

Emergency medical services personnel or any other first responder who administers naloxone or any other opioid antagonists pursuant to subsection Y of § 54.1-3408 shall not be civilly liable, absent gross negligence or willful misconduct, or criminally liable for any personal injury that results from the administration of naloxone or any other opioid antagonists.