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HOUSE BILL NO. 1466

Offered January 8, 2020

Prefiled January 8, 2020

A BILL to amend and reenact §§ 8.01-225 and 54.1-3408 of the Code of Virginia, relating to naloxone; possession and administration.

Patrons—Gooditis, Hope and Delaney

Referred to Committee on Health, Welfare and Institutions

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 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. For purposes of this subdivision, emergency care or assistance includes the forcible entry of a motor vehicle in order to remove an unattended minor at risk of serious bodily injury or death, provided the person has attempted to contact a law-enforcement officer, as defined in § 9.1-101, a firefighter, as defined in § 65.2-102, emergency medical services personnel, as defined in § 32.1-111.1, or an emergency 911 system, if feasible under the circumstances.

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 provider who holds a valid certificate issued by the Commissioner 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, emergency medical services agency, 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 services provider 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

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59 orders AEDs, shall be immune from civil liability for any personal injury that results from any act or
60 omission in the use of an AED in an emergency where the person performing the defibrillation acts as
61 an ordinary, reasonably prudent person would have acted under the same or similar circumstances,
62 unless such personal injury results from gross negligence or willful or wanton misconduct of the person
63 rendering such emergency care.

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

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

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

90 11. Is an employee of (i) a school board, (ii) a school for students with disabilities as defined in
91 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
92 as administered by the Virginia Council for Private Education and is authorized by a prescriber and
93 trained in the administration of insulin and glucagon, who, upon the written request of the parents as
94 defined in § 22.1-1, assists with the administration of insulin or, in the case of a school board employee,
95 with the insertion or reinsertion of an insulin pump or any of its parts pursuant to subsection B of
96 § 22.1-274.01:1 or administers glucagon to a student diagnosed as having diabetes who requires insulin
97 injections during the school day or for whom glucagon has been prescribed for the emergency treatment
98 of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or omissions
99 resulting from the rendering of such treatment if the insulin is administered according to the child's
100 medication schedule or such employee has reason to believe that the individual receiving the glucagon is
101 suffering or is about to suffer life-threatening hypoglycemia. Whenever any such employee is covered
102 by the immunity granted herein, the school board or school employing him shall not be liable for any
103 civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin
104 or glucagon treatment.

105 12. Is an employee of a public institution of higher education or a private institution of higher
106 education who is authorized by a prescriber and trained in the administration of insulin and glucagon,
107 who assists with the administration of insulin or administers glucagon to a student diagnosed as having
108 diabetes who requires insulin injections or for whom glucagon has been prescribed for the emergency
109 treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or
110 omissions resulting from the rendering of such treatment if the insulin is administered according to the
111 student's medication schedule or such employee has reason to believe that the individual receiving the
112 glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee is
113 covered by the immunity granted in this subdivision, the institution shall not be liable for any civil
114 damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or
115 glucagon treatment.

116 13. Is a school nurse, an employee of a school board, an employee of a local governing body, or an
117 employee of a local health department who is authorized by a prescriber and trained in the
118 administration of epinephrine and who provides, administers, or assists in the administration of
119 epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber
120 of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions

resulting from the rendering of such treatment.

14. Is an employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or an employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the school shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

15. Is an employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the institution shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

16. Is an employee of an organization providing outdoor educational experiences or programs for youth who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a participant in the outdoor experience or program for youth believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the organization shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

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

18. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental Services, or provides services pursuant to a contract with a provider licensed by the 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.

19. In good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or 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 acting in accordance with the provisions of subsection X ø, Y, Z, or AA of § 54.1-3408 or in his role as a member of an emergency medical services agency.

20. Is an employee of a school board, school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency and who administers or assists in the administration of such medications to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis pursuant to a written order or standing protocol issued by a prescriber

182 within the course of his professional practice and in accordance with the prescriber's instructions shall
183 not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the
184 rendering of such treatment.

185 B. Any licensed physician serving without compensation as the operational medical director for an
186 emergency medical services agency that holds a valid license as an emergency medical services agency
187 issued by the Commissioner of Health shall not be liable for any civil damages for any act or omission
188 resulting from the rendering of emergency medical services in good faith by the personnel of such
189 licensed agency unless such act or omission was the result of such physician's gross negligence or
190 willful misconduct.

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

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

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

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

212 Any licensed physician serving without compensation as a supervisor of an AED in the
213 Commonwealth shall not be liable for any civil damages for any act or omission resulting from
214 rendering medical advice in good faith to the owner of the AED relating to personnel training, local
215 emergency medical services coordination, protocol approval, AED deployment strategies, and equipment
216 maintenance plans and records unless such act or omission was the result of such physician's gross
217 negligence or willful misconduct.

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

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

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

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

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

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

§ 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 administer drugs and devices, or he may cause drugs or devices to be administered by:

1. A nurse, physician assistant, or intern under his direction and supervision;
2. Persons trained to administer drugs and devices 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 who administer drugs under the control and supervision of the prescriber or a pharmacist;

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

4. A licensed respiratory therapist as defined in § 54.1-2954 who administers 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 and oxygen 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, 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 or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of an organization providing outdoor educational experiences or programs for youth 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.

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 pharmacists to possess epinephrine and oxygen for administration in treatment of emergency medical conditions.

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

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

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

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

330 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
331 professional practice, such prescriber may authorize, with the consent of the parents as defined in
332 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
333 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
334 as administered by the Virginia Council for Private Education who is trained in the administration of
335 insulin and glucagon to assist with the administration of insulin or administer glucagon to a student
336 diagnosed as having diabetes and who requires insulin injections during the school day or for whom
337 glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall
338 only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not
339 present to perform the administration of the medication.

340 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
341 professional practice, such prescriber may authorize an employee of a public institution of higher
342 education or a private institution of higher education who is trained in the administration of insulin and
343 glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed
344 as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the
345 emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse,
346 nurse practitioner, physician, or physician assistant is not present to perform the administration of the
347 medication.

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

356 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
357 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is
358 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses
359 under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with
360 established protocols of the Department of Health may authorize the administration of vaccines to any
361 person by a pharmacist, nurse, or designated emergency medical services provider who holds an
362 advanced life support certificate issued by the Commissioner of Health under the direction of an
363 operational medical director when the prescriber is not physically present. The emergency medical
364 services provider shall provide documentation of the vaccines to be recorded in the Virginia
365 Immunization Information System.

366 J. A dentist may cause Schedule VI topical drugs to be administered under his direction and

367 supervision by either a dental hygienist or by an authorized agent of the dentist.

368 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
369 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
370 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of
371 § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
372 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI
373 topical drug approved by the Board of Dentistry.

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

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

382 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
383 completed a training program for this purpose approved by the Board of Nursing and who administers
384 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
385 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
386 security and record keeping, when the drugs administered would be normally self-administered by (i) an
387 individual receiving services in a program licensed by the Department of Behavioral Health and
388 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
389 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
390 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
391 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of
392 any facility authorized or operated by a state or local government whose primary purpose is not to
393 provide health care services; (vi) a resident of a private children's residential facility, as defined in §
394 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of
395 Behavioral Health and Developmental Services; or (vii) a student in a school for students with
396 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

419 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in
420 a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a
421 local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant
422 to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has
423 satisfactorily completed a training program for this purpose approved by the Board of Nursing and
424 taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of
425 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or
426 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with
427 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)

administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be self-administered by the child or student, or administered by a parent or guardian to the child or student.

P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by 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 dental hygienist may possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

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, or emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health when the prescriber is not physically present.

X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a health care provider providing services in a hospital emergency department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, employees of the Department of Corrections designated as probation and parole officers or as correctional officers as defined in § 53.1-1, employees of regional jails, school nurses,

local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and firefighters who have completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal may dispense naloxone to a person who has received instruction on the administration of naloxone for opioid overdose reversal, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. If the person acting on behalf of an organization dispenses naloxone in an injectable formulation with a hypodermic needle or syringe, he shall first obtain authorization from the Department of Behavioral Health and Developmental Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic needle or syringe, and he shall obtain a controlled substance registration from the Board of Pharmacy. The Board of Pharmacy shall not charge a fee for the issuance of such controlled substance registration. The dispensing may occur at a site other than that of the controlled substance registration provided the entity possessing the controlled substances registration maintains records in accordance with regulations of the Board of Pharmacy. No person who dispenses naloxone on behalf of an organization pursuant to this subsection shall charge a fee for the dispensing of naloxone that is greater than the cost to the organization of obtaining the naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

Z. *Notwithstanding any other law or regulation to the contrary, law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, employees of the Department of Corrections designated as probation and parole officers or as correctional officers as defined in § 53.1-1, employees of regional jails, school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and firefighters who have completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.*

AA. *Notwithstanding any other law or regulation to the contrary, any person may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.*

BB. 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 (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.