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HOUSE BILL NO. 2019

House Amendments in [] - January 27, 2021

A *BILL to amend and reenact §§ 8.01-225, 22.1-274.2, and 54.1-3408 of the Code of Virginia, relating to public elementary and secondary schools; possession and administration of undesignated stock albuterol inhalers and valved holding chambers.*

Patron Prior to Engrossment—Delegate McQuinn

Referred to Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225, 22.1-274.2, 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.

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

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

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

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

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

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

117 13. Is a school nurse, an employee of a school board, an employee of a local governing body, or an
118 employee of a local health department who is authorized by a prescriber and trained in the
119 administration of epinephrine and who provides, administers, or assists in the administration of
120 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.

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 restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1, is authorized by a prescriber and trained in the administration of epinephrine, and provides, administers, or assists in the administration of epinephrine to an individual believed in good faith to be having an anaphylactic reaction on the premises of the restaurant at which the employee is employed, 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.

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 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.

19. 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.

20. 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 or Y of § 54.1-3408 or in his role as a member of an emergency medical services agency.

182 21. In good faith administers naloxone or other opioid antagonist used for overdose reversal to a
183 person who is believed to be experiencing or about to experience a life-threatening opioid overdose in
184 accordance with the provisions of subsection Z of § 54.1-3408 shall not be liable for any civil damages
185 for any personal injury that results from any act or omission in the administration of naloxone or other
186 opioid antagonist used for overdose reversal, unless such act or omission was the result of gross
187 negligence or willful and wanton misconduct.

188 22. Is an employee of a school board, school for students with disabilities as defined in § 22.1-319
189 licensed by the Board of Education, or private school accredited pursuant to § 22.1-19 as administered
190 by the Virginia Council for Private Education who is trained in the administration of injected
191 medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency
192 and who administers or assists in the administration of such medications to a student diagnosed with a
193 condition causing adrenal insufficiency when the student is believed to be experiencing or about to
194 experience an adrenal crisis pursuant to a written order or standing protocol issued by a prescriber
195 within the course of his professional practice and in accordance with the prescriber's instructions shall
196 not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the
197 rendering of such treatment.

198 23. Is a school nurse, an employee of a school board, an employee of a local governing body, or an
199 employee of a local health department who is authorized by a ~~prescriber~~ *the local health director* and
200 trained in the administration of albuterol inhalers *and valved holding chambers* or nebulized albuterol
201 and who provides, administers, or assists in the administration of an albuterol inhaler *and a valved*
202 *holding chamber* or nebulized albuterol for a student believed in good faith to be in need of such
203 medication, or is the prescriber of such medication, shall not be liable for any civil damages for ordinary
204 negligence in acts or omissions resulting from the rendering of such treatment.

205 24. Is an employee of a public place, as defined in § 15.2-2820, who is authorized by a prescriber
206 and trained in the administration of epinephrine and who administers or assists in the administration of
207 epinephrine to a person present in the public place believed in good faith to be having an anaphylactic
208 reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary
209 negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee
210 is covered by the immunity granted in this subdivision, the organization shall not be liable for any civil
211 damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

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

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

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

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

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

239 Any licensed physician serving without compensation as a supervisor of an AED in the
240 Commonwealth shall not be liable for any civil damages for any act or omission resulting from
241 rendering medical advice in good faith to the owner of the AED relating to personnel training, local
242 emergency medical services coordination, protocol approval, AED deployment strategies, and equipment
243 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, "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. For the purposes of this section, "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 services or first aid services 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 AED for the use at the scene of an emergency, (b) trains individuals, in courses approved by the Board of Health, to operate AEDs at the scene of emergencies, (c) orders AEDs for use at the scene of emergencies, or (d) operates an AED 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, "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.

§ 22.1-274.2. Possession and administration of inhaled asthma medications and epinephrine by certain students or school board employees.

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

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

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

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

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

5. Self-administration of inhaled asthma medications and auto-injectable epinephrine to be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health

Care Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.

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

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

C. Local school boards shall adopt and implement policies for the possession and administration of epinephrine in every school, to be administered by any school nurse, employee of the school board, 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 to any student believed to be having an anaphylactic reaction. Such policies shall require that at least one school nurse, employee of the school board, 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 has the means to access at all times during regular school hours any such epinephrine that is stored in a locked or otherwise generally inaccessible container or area.

D. Each local school board shall adopt and implement policies for the possession and administration of undesignated stock albuterol inhalers and valved holding chambers in every public school in the local school division, to be administered by any school nurse, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers for any student believed in good faith to be in need of such medication.

§ 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 (a) epinephrine may possess and administer epinephrine ~~and (b).~~

Pursuant to an order or standing protocol that shall be issued by the local health director 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 the local health director

and trained in the administration of albuterol inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

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 (4) (a) epinephrine may possess and administer epinephrine and (2) (b) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

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 or a 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, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is employed, provided that such person is trained in the administration of 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 order or standing protocol issued by the prescriber within the course of his professional practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer 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.

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; epinephrine for use in emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

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 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 (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 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 or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a public institution of higher education or a private institution of higher education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed as having diabetes and who requires insulin injections 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 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, or designated emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider 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, or his remote supervision, as defined in subsection E or F of § 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, and 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 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.

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

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. (Effective until July 1, 2021) In addition, this section shall not prevent the administration of drugs by a person to (i) 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, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or guardian; (c) 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 (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.

O. (Effective July 1, 2021) In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or guardian; (c) 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 (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

551 devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and
552 supervision of the State Health Commissioner.

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

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

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

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

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

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

580 V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine,
581 osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an
582 oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or
583 dentistry.

584 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may
585 authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse,
586 licensed practical nurse under the direction and immediate supervision of a registered nurse, or
587 emergency medical services provider who holds an advanced life support certificate issued by the
588 Commissioner of Health when the prescriber is not physically present.

589 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
590 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
591 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the
592 absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with
593 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
594 Department of Health, a pharmacist, a health care provider providing services in a hospital emergency
595 department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may
596 dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone
597 or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer
598 naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be
599 experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as
600 defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the
601 Chief Medical Examiner, employees of the Department of General Services Division of Consolidated
602 Laboratory Services, employees of the Department of Corrections designated as probation and parole
603 officers or as correctional officers as defined in § 53.1-1, employees of regional jails, school nurses,
604 local health department employees that are assigned to a public school pursuant to an agreement
605 between the local health department and the school board, other school board employees or individuals
606 contracted by a school board to provide school health services, and firefighters who have completed a
607 training program may also possess and administer naloxone or other opioid antagonist used for overdose
608 reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an
609 oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of
610 Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation
611 with the Board of Medicine and the Department of Health.

612 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, an employee or other person acting on behalf of a public place who has completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal other than naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

Notwithstanding any other law or regulation to the contrary, an employee or other person acting on behalf of a public place may possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose if he has completed a training program on the administration of such naloxone and administers naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

For the purposes of this subsection, "public place" means any enclosed area that is used or held out for use by the public, whether owned or operated by a public or private interest.

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. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may 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.

AA. 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.

[2. That the Department of Health, in conjunction with the Department of Education, shall develop and implement policies for the administration of stock albuterol in public schools. Such departments shall develop policies with input from representatives of local school boards, the Virginia Association of School Nurses, the Virginia Chapter of the American Academy of Pediatrics, and such other organizations and entities as such departments deem appropriate. Such departments shall identify and develop appropriate revisions to the "Virginia School Health Guidelines" relating to, but not limited to, the specification of training needs and requirements for the administration of albuterol. Such departments shall provide guidelines to the Superintendent of Public Instruction for dissemination no later than July 1, 2021.]