

995245718

SENATE BILL NO. 889

Offered January 13, 1999

A BILL to amend and reenact §§ 8.01-220.1:2, 8.01-225, 22.1-274, 22.1-275.1, 54.1-2901, 54.1-3001, 54.1-3005, and 54.1-3408 of the Code of Virginia, relating to care of public school students diagnosed with Type I diabetes.

Patrons—Mims, Howell and Woods; Delegate: Orrock

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225, 8.01-220.1:2, 22.1-274, 22.1-275.1, 54.1-2901, 54.1-3001, 54.1-3005, and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:

§ 8.01-220.1:2. Civil immunity for teachers and other public school personnel under certain circumstances.

A. Any teacher employed by a local school board in this Commonwealth shall not be liable for any civil damages for any acts or omissions resulting from the supervision, care or discipline of students when such acts or omissions are within such teacher's scope of employment and are taken in good faith in the course of supervision, care or discipline of students, unless such acts or omissions were the result of gross negligence or willful misconduct.

B. Any teacher or other personnel employed by a local school board in this Commonwealth, and trained in the administration of insulin, glucagon and intravenous glucose solution, shall not be liable for any civil damages for any acts or omissions resulting from the administration, upon the written request of the parents as defined in § 22.1-1, of insulin, glucagon or intravenous glucose solution to a student diagnosed as having Type I diabetes who requires insulin injections during the school day or for whom glucagon or intravenous glucose solution has been prescribed for the emergency treatment of hypoglycemia if the insulin is administered according to the child's medication schedule or the teacher or other employee has reason to believe that the individual receiving the glucagon or intravenous glucose solution is suffering or is about to suffer life-threatening hypoglycemia.

C. This section shall not be construed to limit, withdraw or overturn any defense or immunity already existing in statutory or common law or to affect any claim occurring prior to the effective date of this law.

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

A. Any person who, in good faith, renders emergency care or assistance, without compensation, to any ill or injured person at the scene of an accident, fire, or any life-threatening emergency, or en route therefrom 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.

Any person who, 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.

Any person who, in good faith and without compensation, administers epinephrine to an individual for whom an insect sting treatment kit has been prescribed shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if he has reason to believe that the individual receiving the injection is suffering or is about to suffer a life-threatening anaphylactic reaction.

Any person who provides assistance upon request of any police agency, fire department, rescue or emergency squad, or any governmental agency in the event of an accident or other emergency involving the use, handling, transportation, transmission or storage of liquefied petroleum gas, liquefied natural gas, hazardous material or hazardous waste as defined in § 18.2-278.1 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.

Any emergency medical care attendant or technician possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance whether in person or by telephone or other means of communication, without compensation, to any injured or ill person, whether at the scene of an accident, fire or any other place, or while transporting such injured or ill person to, from or between any hospital, medical facility, medical clinic, doctor's office or other similar

INTRODUCED

SB889

60 or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from
61 the rendering of such emergency care, treatment or assistance, including but in no way limited to acts or
62 omissions which involve violations of State Department of Health regulations or any other state
63 regulations in the rendering of such emergency care or assistance.

64 Any person having attended and successfully completed a course in cardiopulmonary resuscitation,
65 which has been approved by the State Board of Health, who, in good faith and without compensation,
66 renders or administers emergency cardiopulmonary resuscitation, cardiac defibrillation or other
67 emergency life-sustaining or resuscitative treatments or procedures which have been approved by the
68 State Board of Health to any sick or injured person, whether at the scene of a fire, an accident or any
69 other place, or while transporting such person to or from any hospital, clinic, doctor's office or other
70 medical facility, shall be deemed qualified to administer such emergency treatments and procedures; ~~and~~
71 such individual shall not be liable for acts or omissions resulting from the rendering of such emergency
72 resuscitative treatments or procedures.

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

84 *Any employee of a school board, authorized by a prescriber and trained in the administration of*
85 *insulin, glucagon or intravenous glucose solution, who administers, upon the written request of the*
86 *parents as defined in § 22.1-1, insulin, glucagon or intravenous glucose solution to a student diagnosed*
87 *as having Type I diabetes who requires insulin injections during the school day or for whom glucagon*
88 *or intravenous glucose solution has been prescribed for the emergency treatment of hypoglycemia shall*
89 *not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the*
90 *rendering of such treatment if the insulin is administered according to the child's medication schedule or*
91 *he has reason to believe that the individual receiving the glucagon or intravenous glucose solution is*
92 *suffering or is about to suffer life-threatening hypoglycemia.*

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

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

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

110 B1. Any licensed physician serving without compensation as a medical advisor to an E-911 system
111 in this Commonwealth shall not be liable for any civil damages for any act or omission resulting from
112 rendering medical advice in good faith to establish protocols to be used by the personnel of the E-911
113 system, as defined in § 58.1-3813, when answering emergency calls unless such act or omission was the
114 result of such physician's gross negligence or willful misconduct.

115 B2. Any provider of telecommunication service as defined in § 58.1-3812, including mobile service,
116 in this Commonwealth shall not be liable for any civil damages for any act or omission resulting from
117 rendering such service with or without charge related to emergency calls unless such act or omission
118 was the result of such service provider's gross negligence or willful misconduct.

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

121 For the purposes of this section, the term "compensation" shall not be construed to include (i) the

salaries of police, fire or other public officials or personnel who render such emergency assistance, (ii) the salaries or wages of employees of a coal producer engaging in emergency medical technician service or first aid service pursuant to the provisions of §§ 45.1-161.38, 45.1-161.101, 45.1-161.199 or § 45.1-161.263, or (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.

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

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

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.

§ 22.1-274. School health services.

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

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

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

D. Effective July 1, 1998, no licensed instructional employee shall be disciplined, placed on probation or dismissed because of the instructional employee's refusal to perform nonemergency health-related services for students.

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

E. Each school board shall ensure that, in school buildings with an instructional and administrative staff of ten or more, (i) at least two instructional or administrative employees have current certification in cardiopulmonary resuscitation or have received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation; and (ii) *if one or more students diagnosed as having Type I diabetes attend such school, at least two instructional or administrative or other employees have been trained in the administration of insulin, glucagon and intravenous glucose solution.* In school buildings with an instructional and administrative staff of fewer than ten, school boards shall ensure that (i) at least one instructional or administrative employee has current certification in cardiopulmonary resuscitation or has received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation and (ii) *if one or more students diagnosed as having Type I diabetes attend such school, at least two instructional or administrative or other employees have been trained in the administration of insulin, glucagon and intravenous glucose solution. When a registered nurse, nurse practitioner, physician or physician assistant is present, no instructional, administrative or other employee who is not a registered nurse, nurse practitioner, physician or physician assistant shall*

183 administer insulin, glucagon or intravenous glucose solution. Prescriber authorization and parental
184 consent shall be obtained for any instructional, administrative or other employee who is not a registered
185 nurse, nurse practitioner, physician or physician assistant to administer insulin, glucagon or intravenous
186 glucose solution.

187 § 22.1-275.1. School health advisory board.

188 Each school board shall establish a school health advisory board of no more than twenty members
189 which shall consist of broad-based community representation including, but not limited to, parents,
190 students, health professionals, educators, and others. The school health advisory board shall assist with
191 the development of health policy in the school division and the evaluation of the status of school health,
192 health education, the school environment, and health services.

193 The school health advisory board shall hold meetings at least semi-annually and shall annually report
194 on the status and needs of student health in the school division to any relevant school, the school board,
195 the Virginia Department of Health, and the Virginia Department of Education.

196 *The school health advisory board shall recommend to the local school board procedures relating to*
197 *children with acute or chronic illnesses or conditions, including, but not limited to, appropriate*
198 *emergency procedures for any life-threatening conditions and designation of school personnel to*
199 *implement the appropriate emergency procedures. The procedures relating to children with acute or*
200 *chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the*
201 *schools within the jurisdiction.*

202 § 54.1-2901. Exceptions and exemptions generally.

203 The provisions of this chapter shall not prevent or prohibit:

204 1. Any person entitled to practice his profession under any prior law on June 24, 1944, from
205 continuing such practice within the scope of the definition of his particular school of practice;

206 2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice
207 in accordance with regulations promulgated by the Board;

208 3. Any licensed nurse practitioner from rendering care under the supervision of a duly licensed
209 physician when such services are authorized by regulations promulgated jointly by the Board of
210 Medicine and the Board of Nursing;

211 4. Any registered professional nurse, registered midwife, licensed nurse practitioner, graduate
212 laboratory technician or other technical personnel who have been properly trained from rendering care or
213 services within the scope of their usual professional activities which shall include the taking of blood,
214 the giving of intravenous infusions and intravenous injections, and the insertion of tubes when
215 performed under the orders of a person licensed to practice medicine;

216 5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his
217 usual professional activities;

218 6. Any practitioner licensed or certified by the Board from delegating to personnel in his personal
219 employ and supervised by him, such activities or functions as are nondiscretionary and do not require
220 the exercise of professional judgment for their performance and which are usually or customarily
221 delegated to such persons by practitioners of the healing arts, if such activities or functions are
222 authorized by and performed for such practitioners of the healing arts and responsibility for such
223 activities or functions is assumed by such practitioners of the healing arts;

224 7. The rendering of medical advice or information through telecommunications from a physician
225 licensed to practice medicine in Virginia or an adjoining state to emergency medical personnel acting in
226 an emergency situation;

227 8. The domestic administration of family remedies;

228 9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in
229 public or private health clubs and spas;

230 10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists
231 or druggists;

232 11. The advertising or sale of commercial appliances or remedies;

233 12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or
234 appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant
235 bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when
236 such bracemaker or prosthetist has received a prescription from a licensed physician directing the fitting
237 of such casts and such activities are conducted in conformity with the laws of Virginia;

238 13. Any person from the rendering of first aid or medical assistance in an emergency in the absence
239 of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

240 14. The practice of the religious tenets of any church in the ministration to the sick and suffering by
241 mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for
242 compensation;

243 15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally
244 licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia temporarily and such practitioner has been issued a temporary license or certification by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any commissioned or contract medical officer, physical therapist, or podiatrist in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical personnel, hospital emergency department health care providers or other licensed hospital personnel, when acting within their scope of practice, from following Do Not Resuscitate Orders in accordance with § 54.1-2987.1 and Board of Health regulations;

22. Any visiting or home care nurse licensed by the Board of Nursing acting in compliance with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

23. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

24. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a licensed physician acupuncturist or licensed acupuncturist;

25. Any employee of any adult care residence who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest; or

26. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities.

27. Any teacher or other personnel employed by a local school board in this Commonwealth, authorized by a prescriber, and trained in the administration of insulin, glucagon and intravenous glucose solution when administering, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, insulin, glucagon or intravenous glucose solution to a student diagnosed as having Type I diabetes who requires insulin injections during the school day or for whom glucagon or intravenous glucose solution has been prescribed for the emergency treatment of hypoglycemia.

§ 54.1-3001. Exemptions.

This chapter shall not apply to the following:

1. The furnishing of nursing assistance in an emergency;

2. The practice of nursing, which is prescribed as part of a study program, by nursing students enrolled in nursing education programs approved by the Board or by graduates of approved nursing education programs for a period not to exceed ninety days following successful completion of the nursing education program pending the results of the licensing examination, provided proper application and fee for licensure have been submitted to the Board and unless the graduate fails the licensing examination within the ninety-day period;

3. The practice of any legally qualified nurse of another state who is employed by the United States government while in the discharge of his official duties;

4. The practice of nursing by a nurse who holds a current unrestricted license in another state, the District of Columbia or a United States possession or territory for a period of thirty days pending licensure in Virginia, if the nurse, upon employment, has furnished the employer satisfactory evidence of current licensure and submits proper application and fees to the Board for licensure before, or within ten days after, employment. At the discretion of the Board, additional time may be allowed for nurses currently licensed in another state, the District of Columbia or a United States possession or territory who are in the process of attaining the qualification for licensure in this Commonwealth;

5. The practice of nursing by any registered nurse who holds a current unrestricted license in another state, the District of Columbia, or a United States possession or territory, or a nurse who holds an equivalent credential in a foreign country, while enrolled in an advanced professional nursing program requiring clinical practice. This exemption extends only to clinical practice required by the curriculum;

6. The practice of nursing by any nurse who holds a current unrestricted license in another state, the District of Columbia, or a United States possession or territory and is employed to provide care to any private individual while such private individual is traveling through or temporarily staying, as defined in the Board's regulations, in the Commonwealth;

7. General care of the sick by nursing assistants, companions or domestic servants that does not constitute the practice of nursing as defined in this chapter; and

8. The care of the sick when done solely in connection with the practice of religious beliefs by the adherents and which is not held out to the public to be licensed practical or professional nursing.

9. *Any teacher or other personnel employed by a local school board in this Commonwealth, authorized by a prescriber, and trained in the administration of insulin, glucagon and intravenous glucose solution when administering, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, insulin, glucagon or intravenous glucose solution to a student diagnosed as having Type I diabetes who requires insulin injections during the school day or for whom glucagon or intravenous glucose solution has been prescribed for the emergency treatment of hypoglycemia.*

§ 54.1-3005. Specific powers and duties of Board.

In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:

1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure or certification under this chapter;

2. To approve programs that meet the requirements of this chapter and of the Board;

3. To provide consultation service for educational programs as requested;

4. To provide for periodic surveys of educational programs;

5. To deny or withdraw approval from educational programs for failure to meet prescribed standards;

6. To provide consultation regarding nursing practice for institutions and agencies as requested and investigate illegal nursing practices;

7. To keep a record of all its proceedings;

8. To certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation. Such regulations may include standards for the authority of licensed practical nurses to teach nurse aides;

9. To approve programs that entitle professional nurses to be registered as clinical nurse specialists and to prescribe minimum standards for such programs;

10. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists;

11. (Effective until July 1, 1999) To promulgate regulations for the voluntary certification of licensees as sex offender treatment providers. In promulgating such regulations, the Board shall consider the standards recommended by the Advisory Committee on Certified Practices pursuant to § 54.1-3610. The provisions of this subdivision shall expire on July 1, 1999;

12. To certify and maintain a registry of all certified massage therapists and to promulgate regulations governing the criteria for certification as a massage therapist and the standards of professional conduct for certified massage therapists; and

13. To promulgate regulations for the delegation of certain nursing tasks and procedures not involving assessment, evaluation or nursing judgment to an appropriately trained unlicensed person by and under the supervision of a registered nurse, who retains responsibility and accountability for such delegation.

14. *To develop and revise as may be necessary, in coordination with the Boards of Medicine and Education, guidelines for the training of teachers, administrators, and other public school personnel in the administration of insulin, glucagon, and intravenous glucose solution for the purpose of providing routine insulin injections and emergency treatment for life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999, and shall be made available to local school boards for a fee not to exceed the costs of publication.*

§ 54.1-3408. Professional use by practitioners.

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

The prescribing practitioner's order may be on a written prescription or pursuant to an oral

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

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

Pursuant to 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 parent as defined in § 22.1-1, a teacher, administrator or other person employed by a local school board in this Commonwealth and trained in the administration of insulin, glucagon and intravenous glucose solution to administer insulin, glucagon or intravenous glucose solution to a student diagnosed as having Type I diabetes who requires insulin injections during the school day or for whom glucagon or intravenous glucose solution 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 available to perform the administration of the medication.

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, (i) by licensed pharmacists, (ii) by registered nurses or (iii) licensed practical nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist or nurse when the prescriber is not physically present.

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.

No written prescription order form shall include more than one prescription. This provision shall not apply, however, to the entry of any order on a patient's chart in any hospital or any long-term care facility, as defined in Board regulations, in Virginia or to a prescription ordered through the pharmacy operated by the Department of Corrections, the central pharmacy of the Department of Health, or the central outpatient pharmacy operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Such a prescription shall be written, dated, and signed by the person prescribing on the day when issued, and shall bear the full name and address of the patient for whom the drug is prescribed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered.

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 physician'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) a resident of a facility licensed or certified by the State Mental Health, Mental Retardation and Substance Abuse Services Board; (ii) a resident of any adult care residence which is licensed by the Department of Social Services; (iii) a resident of the Virginia Rehabilitation Center for the Blind and Visually Impaired; (iv) 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; (v) a program participant of an adult day-care center licensed by the Department of Social Services; or (vi) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services.

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

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. This section shall not prohibit a prescriber from using preprinted prescriptions for drugs classified in Schedule VI if all requirements concerning dates, signatures, and other information specified above are otherwise fulfilled.

B. The written prescription referred to in subsection A of this section shall be written with ink or individually typed and each prescription shall be manually signed by the prescriber. The prescription may be prepared by an agent for his signature. The prescription shall contain the name, address, telephone number, and federal controlled substances registration number assigned to the prescriber. The prescriber's information shall be either preprinted upon the prescription blank, typewritten, rubber stamped, or printed by hand.

The oral prescription referred to in subsection A of this section shall be transmitted to the pharmacy of the patient's choice by the prescriber or his authorized agent. For the purposes of this section, an authorized agent of the prescriber shall be an employee of the prescriber who is under his immediate and personal supervision, or if not an employee, an individual who holds a valid license allowing the administration or dispensing of drugs and who is specifically directed by the prescriber.

C. Pursuant to § 32.1-87, the prescription form shall include two boxes, one labelled "Voluntary Formulary Permitted" and the other labelled "Dispense As Written." A prescriber may indicate his permission for the dispensing of a drug product included in the Formulary upon signing a prescription form and marking the box labelled "Voluntary Formulary Permitted." A Voluntary Formulary product shall be dispensed if the prescriber fails to indicate his preference. Whenever a pharmacist dispenses a Voluntary Formulary product when a prescription is written for a brand name product, the pharmacist shall label the drug with the generic name followed by the words "generic for" followed by the brand name of the drug for which the prescription is written. If no Voluntary Formulary product is immediately available, or if the patient objects to the dispensing of a generic drug, the pharmacist may dispense a brand name drug. On and after July 1, 1993, printed prescription forms shall provide:

"☐ Dispense As Written

☐ Voluntary Formulary Permitted

.....

Signature of prescriber

If neither box is marked, a Voluntary Formulary product must be dispensed."

D. Prescribers' orders, whether written as chart orders or prescriptions, for Schedules II, III, IV and V controlled drugs to be administered to (i) patients or residents of long-term care facilities served by a Virginia pharmacy from a remote location or (ii) patients receiving parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion therapy and served by a home infusion pharmacy from a remote location, may be transmitted to that remote pharmacy by an electronic communications device over telephone lines which send the exact image to the receiver in hard-copy form, and such facsimile copy shall be treated as a valid, original prescription order.