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## HOUSE BILL NO. 1174

Offered January 8, 2020

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*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 schools; possession of undesignated stock albuterol inhalers; administration by certain individuals.*

Patrons—Lopez and Miyares

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

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HB1174

59 such emergency resuscitative treatments or procedures.

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

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

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

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

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

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

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

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

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

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

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

18. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental Services, or provides services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services, who has been trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person believed in good faith to be having an anaphylactic reaction in accordance with the prescriber's instructions shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

19. In good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection X or Y of § 54.1-3408 or in his role as a member of an emergency medical services agency.

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

condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis pursuant to a written order or standing protocol issued by a prescriber within the course of his professional practice and 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.

21. *Is a school nurse, an employee of a school board, an employee of a local governing body, or an employee of a local health department who is authorized by a prescriber and trained in the administration of albuterol inhalers and who provides, administers, or assists in the administration of an albuterol inhaler for a student believed in good faith to be in need of such medication, or is the prescriber of such medication, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.*

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

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

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

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

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

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

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

Any volunteer engaging in rescue or recovery work at a mine, or any mine operator voluntarily providing personnel to engage in rescue or recovery work at a mine not owned or operated by such operator, shall not be liable for civil damages for acts or omissions resulting from the rendering of such rescue or recovery work in good faith unless such act or omission was the result of gross negligence or willful misconduct. For purposes of this subsection, "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 self-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. ~~By the beginning of the 2013-2014 school year,~~ 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.

*D. Each local school board shall adopt and implement policies for the possession and administration of undesignated stock albuterol inhalers in every 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 a prescriber and trained in the administration of*

305 *albuterol inhalers for any student believed in good faith to be in need of such medication.*

306 **§ 54.1-3408. Professional use by practitioners.**

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

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

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

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

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

323 4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled  
324 substances used in inhalation or respiratory therapy.

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

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

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

336 Pursuant to an order or standing protocol issued by the prescriber within the course of his  
337 professional practice, any school nurse, school board employee, employee of a local governing body, or  
338 employee of a local health department who is authorized by a prescriber and trained in the  
339 administration of epinephrine may possess and administer epinephrine.

340 *Pursuant to an order or standing protocol issued by the prescriber within the course of his*  
341 *professional practice, any school nurse, school board employee, employee of a local governing body, or*  
342 *employee of a local health department who is authorized by a prescriber and trained in the*  
343 *administration of albuterol inhalers may possess and administer such medication.*

344 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
345 professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319  
346 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant  
347 to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a  
348 prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

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

353 Pursuant to an order or a standing protocol issued by the prescriber within the course of his  
354 professional practice, any employee of an organization providing outdoor educational experiences or  
355 programs for youth who is authorized by a prescriber and trained in the administration of epinephrine  
356 may possess and administer epinephrine.

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

362 Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of  
363 his professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen  
364 for administration in treatment of emergency medical conditions.

365 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course  
366 of his professional practice, such prescriber may authorize licensed physical therapists to possess and

administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

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

G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses under the 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.

428 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist  
429 in the course of his professional practice, a dentist may authorize a dental hygienist under his general  
430 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of  
431 § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly  
432 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI  
433 topical drug approved by the Board of Dentistry.

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

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

442 L. This section shall not prevent the administration of drugs by a person who has satisfactorily  
443 completed a training program for this purpose approved by the Board of Nursing and who administers  
444 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of  
445 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to  
446 security and record keeping, when the drugs administered would be normally self-administered by (i) an  
447 individual receiving services in a program licensed by the Department of Behavioral Health and  
448 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision  
449 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the  
450 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program  
451 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of  
452 any facility authorized or operated by a state or local government whose primary purpose is not to  
453 provide health care services; (vi) a resident of a private children's residential facility, as defined in  
454 § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department  
455 of Behavioral Health and Developmental Services; or (vii) a student in a school for students with  
456 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

479 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in  
480 a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a  
481 local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant  
482 to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has  
483 satisfactorily completed a training program for this purpose approved by the Board of Nursing and  
484 taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of  
485 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or  
486 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with  
487 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)  
488 administers only those drugs that were dispensed from a pharmacy and maintained in the original,  
489 labeled container that would normally be self-administered by the child or student, or administered by a



parent or guardian to the child or student.

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

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

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

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

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

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

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

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

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

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

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

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

577 Z. Pursuant to a written order or standing protocol issued by the prescriber within the course of his  
578 professional practice, such prescriber may authorize, with the consent of the parents as defined in  
579 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in  
580 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19  
581 as administered by the Virginia Council for Private Education who is trained in the administration of  
582 injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal  
583 insufficiency to administer such medication to a student diagnosed with a condition causing adrenal  
584 insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis.  
585 Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or  
586 physician assistant is not present to perform the administration of the medication.