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HOUSE BILL NO. 1039

Offered January 10, 2024

Prefiled January 10, 2024

A BILL to amend and reenact §§ 22.1-274.2 and 54.1-3408 of the Code of Virginia, relating to public elementary and secondary schools; possession and administration of undesignated glucagon; school board policies; donations.

 Patron—Bennett-Parker

Referred to Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-274.2 and 54.1-3408 of the Code of Virginia are amended and reenacted as follows: § 22.1-274.2. Possession and administration of inhaled asthma medications, epinephrine, and glucagon 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 advanced practice registered nurse, that (i) identifies the student; (ii) states that the student has a diagnosis of asthma or anaphylaxis, or both, and has approval to self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, that have been prescribed or authorized for the student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications or auto-injectable epinephrine, such as before exercising or engaging in physical activity to prevent the onset of asthma symptoms or to alleviate asthma symptoms after the onset of an asthma episode; and (iv) attests to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.

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

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

5. Self-administration of inhaled asthma medications and auto-injectable epinephrine to be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.

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

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

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

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HB1039

59 inaccessible container or area.

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

67 E. Any local school board may adopt and implement policies for the possession and administration
68 of undesignated nasal or injectable glucagon in each public elementary or secondary school in the local
69 school division, provided that such policies are consistent with the guidance outlined in the most recent
70 revision of the *Diabetes Management In School: Manual for Unlicensed Personnel* published by the
71 Department and include guidance outlining the following:

72 1. One or more locations in each public elementary or secondary school in the local school division
73 in which doses of such undesignated glucagon shall be stored;

74 2. The conditions under which doses of such undesignated glucagon shall be stored, replaced, and
75 disposed;

76 3. The individuals who are authorized to access and administer doses of such undesignated glucagon
77 in an emergency and training requirements for such individuals; and

78 4. A process for requesting emergency medical services and notifying appropriate personnel
79 immediately after a dose of such undesignated glucagon is administered.

80 F. Any public elementary or secondary school may maintain a supply of nasal or injectable glucagon
81 in any secure location that is immediately accessible to any school nurse or other employee trained in
82 the administration of nasal and injectable glucagon prescribed to the school by a prescriber, as defined
83 in § 54.1-3401. Any such school shall ensure that such a supply consists of at least two doses. Any
84 school nurse or other authorized employee who is trained in the administration of nasal and injectable
85 glucagon consistent with the guidance outlined in the most recent revision of the *Diabetes Management*
86 *In School: Manual for Unlicensed Personnel* published by the Department may administer nasal or
87 injectable glucagon from undesignated inventory with parental consent and if the student's prescribed
88 glucagon is not available on school grounds or has expired.

89 G. Any school board may accept donations of nasal or injectable glucagon from a wholesale
90 distributor of glucagon or donations of money from any individual to purchase nasal or injectable
91 glucagon for the purpose of maintenance and administration in a public school in the local school
92 division as permitted pursuant to subsection F.

93 **§ 54.1-3408. Professional use by practitioners.**

94 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed
95 advanced practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to §
96 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist
97 pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer
98 controlled substances in good faith for medicinal or therapeutic purposes within the course of his
99 professional practice. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and
100 administer controlled substances in good faith for medicinal or therapeutic purposes within the course of
101 his professional practice.

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

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

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

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

113 4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have
114 a valid emergency medical services provider certification issued by the Board of Health as a requirement
115 of being employed or engaged at the medical care facility within the scope of such certification,
116 pursuant to an oral or written order or standing protocol to administer drugs and devices at the medical
117 care facility; or

118 5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled
119 substances used in inhalation or respiratory therapy.

120 C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by

state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease.

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

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

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

Pursuant to an order or standing protocol that shall be issued by the local health director within the course of his professional practice, any school nurse, licensed athletic trainer under contract with a local school division, school board employee, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any nurse at an early childhood care and education entity, employee at the entity, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

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

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

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is employed, provided that such person is trained in the administration of epinephrine.

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

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

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

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

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

183 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course
184 of his professional practice, such prescriber may authorize licensed athletic trainers to possess and
185 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV
186 saline for use in emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in
187 emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

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

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

206 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
207 professional practice, such prescriber may authorize, with the consent of the parents as defined in
208 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
209 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
210 as administered by the Virginia Council for Private Education who is trained in the administration of
211 insulin and glucagon to assist with the administration of insulin or administer glucagon to a student
212 diagnosed as having diabetes and who requires insulin injections during the school day or for whom
213 glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall
214 only be effective when a licensed nurse, an advanced practice registered nurse, a physician, or a
215 physician assistant is not present to perform the administration of the medication.

216 *Pursuant to a written order or standing protocol issued by the prescriber within the course of his*
217 *professional practice, such prescriber may authorize the possession and administration of undesignated*
218 *glucagon as set forth in subsection F of § 22.1-274.2.*

219 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
220 professional practice, such prescriber may authorize an employee of a public institution of higher
221 education or a private institution of higher education who is trained in the administration of insulin and
222 glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed
223 as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the
224 emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse,
225 an advanced practice registered nurse, a physician, or a physician assistant is not present to perform the
226 administration of the medication.

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

235 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
236 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is
237 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses
238 under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with
239 established protocols of the Department of Health may authorize the administration of vaccines to any
240 person by a pharmacist, nurse, or designated emergency medical services provider who holds an
241 advanced life support certificate issued by the Commissioner of Health under the direction of an
242 operational medical director when the prescriber is not physically present. The emergency medical
243 services provider shall provide documentation of the vaccines to be recorded in the Virginia

Immunization Information System.

J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.

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

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

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

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

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

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

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

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

305 written authorization from a parent or guardian; (c) administers drugs only to the child identified on the
306 prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and
307 manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy
308 and maintained in the original, labeled container that would normally be self-administered by the child
309 or student, or administered by a parent or guardian to the child or student.

310 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
311 persons if they are authorized by the State Health Commissioner in accordance with protocols
312 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has
313 declared a disaster or a state of emergency, the United States Secretary of Health and Human Services
314 has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public
315 health emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the
316 purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and
317 infectious diseases and other dangers to the public life and health and for the limited purpose of
318 administering vaccines as an approved countermeasure for such communicable, contagious, and
319 infectious diseases; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such
320 persons have received the training necessary to safely administer or dispense the needed drugs or
321 devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and
322 supervision of the State Health Commissioner.

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

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

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

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

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

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

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

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

359 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
360 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
361 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the
362 absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with
363 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
364 Department of Health, a pharmacist, a health care provider providing services in a hospital emergency
365 department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may
366 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 by the Director of the Department of Corrections or designated as probation and parole officers or as correctional officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and parole officers or as juvenile correctional officers, employees of regional jails, school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and firefighters may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

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, any person may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

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

Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

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