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SENATE BILL NO. 1303

Offered January 9, 2025

Prefiled January 9, 2025

A BILL to amend and reenact §§ 8.01-225, 8.01-226.5:1, 22.1-274, 22.1-274.01:1, 22.1-274.2, 22.1-275.1, 54.1-2901, 54.1-3001, and 54.1-3408 of the Code of Virginia, relating to public elementary and secondary schools; diabetes medical care and management in public schools; policies, procedures, and requirements.

Patron—McPike

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225, 8.01-226.5:1, 22.1-274, 22.1-274.01:1, 22.1-274.2, 22.1-275.1, 54.1-2901, 54.1-3001, 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

59 and shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative
60 treatments or procedures.

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

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

71 9. Is an employee of a school board or of a local health department approved by the local governing body
72 to provide health services pursuant to § 22.1-274 who, while on school property or at a school-sponsored
73 event, (i) renders emergency care or assistance to any sick or injured person; (ii) renders or administers
74 emergency cardiopulmonary resuscitation (CPR); cardiac defibrillation, including, but not limited to, the use
75 of an automated external defibrillator (AED); or other emergency life-sustaining or resuscitative treatments or
76 procedures that have been approved by the State Board of Health to any sick or injured person; (iii) operates
77 an AED, trains individuals to be operators of AEDs, or orders AEDs; (iv) maintains an AED; or (v) renders
78 care in accordance with a seizure management and action plan pursuant to § 22.1-274.6, shall not be liable for
79 civil damages for ordinary negligence in acts or omissions on the part of such employee while engaged in the
80 acts described in this 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 place
84 or while transporting such injured or ill person to a place accessible for transfer to any available emergency
85 medical system unit, or any resort owner voluntarily providing a ski patroller employed by him to engage in
86 rescue or recovery work at a resort not owned or operated by him, shall not be liable for any civil damages for
87 acts or omissions resulting from the rendering of such emergency care, treatment, or assistance, including but
88 not limited to acts or omissions which involve violations of any state regulation or any standard of the
89 National Ski Patrol System, Inc., in the rendering of such emergency care or assistance, unless such act or
90 omission was the result of gross negligence or willful misconduct.

91 11. Is an employee of ~~(i)~~ a:

92 a. A school board; ~~(ii)~~ a *and is authorized by a prescriber, including authorized by a prescriber pursuant*
93 *to an order issued as a part of a student's diabetes medical management plan pursuant to § 22.1-274.01:1,*
94 *and designated as level three trained diabetes personnel as defined in § 22.1-274.01:1, who, upon consent of*
95 *the parents as defined in § 22.1-1, administers or assists with the administration of insulin or glucagon to a*
96 *student diagnosed as having diabetes or assists a student diagnosed as having diabetes with the insertion or*
97 *reinsertion of an insulin pump, a continuous glucose monitor, or any part or component of an insulin pump*
98 *or continuous glucose monitor shall not be liable for any civil damages for ordinary negligence in acts or*
99 *omissions resulting from the rendering of such treatment; or*

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

111 Whenever any such employee is covered by the immunity granted ~~herein~~ *pursuant to this subdivision 11,*
112 *the school board or school employing him shall not be liable for any civil damages for ordinary negligence in*
113 *acts or omissions resulting from the rendering of such ~~insulin or glucagon~~ treatment.*

114 *For the purposes of this subdivision, "employee" includes any person employed by a local health*
115 *department who is assigned to the public school pursuant to an agreement between the local health*
116 *department and the school board.*

117 12. Is an employee of a public institution of higher education or a private institution of higher education
118 who is authorized by a prescriber and trained in the administration of insulin and glucagon, who assists with
119 the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires

120 insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia
 121 shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the
 122 rendering of such treatment if the insulin is administered according to the student's medication schedule or
 123 such employee has reason to believe that the individual receiving the glucagon is suffering or is about to
 124 suffer life-threatening hypoglycemia. Whenever any employee is covered by the immunity granted in this
 125 subdivision, the institution shall not be liable for any civil damages for ordinary negligence in acts or
 126 omissions resulting from the rendering of such insulin or glucagon treatment.

127 13. Is a school nurse, an employee of a school board, an employee of a local governing body, or an
 128 employee of a local health department who is authorized by a prescriber and trained in the administration of
 129 epinephrine and who provides, administers, or assists in the administration of epinephrine to a student
 130 believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not
 131 be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of
 132 such treatment.

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

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

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

157 17. Is an employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1, is
 158 authorized by a prescriber and trained in the administration of epinephrine, and provides, administers, or
 159 assists in the administration of epinephrine to an individual believed in good faith to be having an
 160 anaphylactic reaction on the premises of the restaurant at which the employee is employed, or is the
 161 prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or
 162 omissions resulting from the rendering of such treatment.

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

177 19. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental
 178 Services, or provides services pursuant to a contract with a provider licensed by the Department of
 179 Behavioral Health and Developmental Services, who has been trained in the administration of epinephrine
 180 and who administers or assists in the administration of epinephrine to a person believed in good faith to be

181 having an anaphylactic reaction in accordance with the prescriber's instructions shall not be liable for any
182 civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

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

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

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

203 23. Is a school nurse, a licensed athletic trainer under contract with a local school division, an employee of
204 a school board, an employee of a local governing body, or an employee of a local health department who is
205 authorized by the local health director and trained in the administration of albuterol inhalers and valved
206 holding chambers or nebulized albuterol and who provides, administers, or assists in the administration of an
207 albuterol inhaler and a valved holding chamber or nebulized albuterol for a student believed in good faith to
208 be in need of such medication, or is the prescriber of such medication, shall not be liable for any civil
209 damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

210 24. Is an employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is
211 authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in
212 the administration of epinephrine to a person present in the place of public accommodation believed in good
213 faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any
214 civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.
215 Whenever any employee is covered by the immunity granted in this subdivision, the organization shall not be
216 liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration
217 or assistance.

218 25. Is a nurse at an early childhood care and education entity, employee at the entity, or employee of a
219 local health department who is authorized by a prescriber and trained in the administration of epinephrine and
220 who provides, administers, or assists in the administration of epinephrine to a child believed in good faith to
221 be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil
222 damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

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

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

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

239 Any licensed physician serving without compensation as a medical advisor to an E-911 system in the
240 Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering
241 medical advice in good faith to establish protocols to be used by the personnel of the E-911 service, as

242 defined in § 58.1-1730, when answering emergency calls unless such act or omission was the result of such
243 physician's gross negligence or willful misconduct.

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

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

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

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

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

268 E. For the purposes of this section, "compensation" shall not be construed to include (i) the salaries of
269 police, fire, or other public officials or personnel who render such emergency assistance; (ii) the salaries or
270 wages of employees of a coal producer engaging in emergency medical services or first aid services pursuant
271 to the provisions of § 45.2-531, 45.2-579, 45.2-863 or 45.2-910; (iii) complimentary lift tickets, food,
272 lodging, or other gifts provided as a gratuity to volunteer members of the National Ski Patrol System, Inc., by
273 any resort, group, or agency; (iv) the salary of any person who (a) owns an AED for the use at the scene of an
274 emergency, (b) trains individuals, in courses approved by the Board of Health, to operate AEDs at the scene
275 of emergencies, (c) orders AEDs for use at the scene of emergencies, or (d) operates an AED at the scene of
276 an emergency; or (v) expenses reimbursed to any person providing care or assistance pursuant to this section.

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

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

283 **§ 8.01-226.5:1. Civil immunity for employees of a school board supervising self-administration of**
284 **certain medication.**

285 A. Any school principal or other employee of a school board who, in good faith, without compensation,
286 and in the absence of gross negligence or willful misconduct, supervises (i) the self-administration of inhaled
287 asthma medications or auto-injectable epinephrine by a student, pursuant to § 22.1-274.2, or (ii) a student in
288 *independently providing any diabetes care and management services set forth in his diabetes medical*
289 *management plan submitted and implemented by such school, pursuant to § 22.1-274.01:1*, shall not be liable
290 for any civil damages for acts or omissions resulting from the supervision of self-administration of inhaled
291 asthma medications or auto-injectable epinephrine, or the independent provision of any diabetes care and
292 management services by such student. Further, no such principal or employee of a school board employee
293 shall be liable for any civil damages for any injuries or deaths resulting from the misuse of such
294 auto-injectable epinephrine.

295 B. For the purposes of this section, "employee" shall include any person employed by a local health
296 department who is assigned to a public school pursuant to an agreement between a local health department
297 and a school board.

298 **§ 22.1-274. School health services.**

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

303 department may provide personnel for health services for the school division.

304 B. In implementing subsection P of § 22.1-253.13:2, relating to providing support services that are
 305 necessary for the efficient and cost-effective operation and maintenance of its public schools, each school
 306 board may strive to employ, or contract with local health departments for, nursing services consistent with a
 307 ratio of at least one nurse per 1,000 students. In those school divisions in which there are more than 1,000
 308 students in average daily membership in school buildings, this section shall not be construed to encourage the
 309 employment of more than one nurse per school building. Further, this section shall not be construed to
 310 mandate the aspired-to ratios.

311 C. The Board shall monitor the progress in achieving the ratio set forth in subsection B and any
 312 subsequent increase in prevailing statewide costs, and the mechanism for funding health services, pursuant to
 313 subsection P of § 22.1-253.13:2 and the appropriation act. The Board shall also determine how school health
 314 funds are used and school health services are delivered in each locality.

315 D. With the exception of school administrative personnel and persons employed by school boards who
 316 have the specific duty to deliver health-related services, no licensed instructional employee, instructional
 317 aide, or clerical employee shall be disciplined, placed on probation, or dismissed on the basis of such
 318 employee's refusal to (i) perform nonemergency health-related services for students or (ii) obtain training in
 319 the administration of insulin and glucagon. However, instructional aides and clerical employees may not
 320 refuse to dispense oral medications.

321 For the purposes of this subsection, "health-related services" means those activities that, when performed
 322 in a health care facility, must be delivered by or under the supervision of a licensed or certified professional.
 323 *"Health-related services" does not include, pursuant to § 22.1-274.01:1, any diabetes care and management*
 324 *services that an employee of a school board who is designated as level three trained diabetes personnel, upon*
 325 *parental consent and prescriber authorization, including prescriber authorization included as a part of a*
 326 *student's diabetes medical management plan, provides or assists in providing for a student who is diagnosed*
 327 *with diabetes.*

328 E. Each school board shall ensure that in school buildings with an instructional and administrative staff of
 329 10 or more (i) at least three employees have current certification or training in emergency first aid,
 330 cardiopulmonary resuscitation, and the use of an automated external defibrillator and (ii) if one or more
 331 students diagnosed as having diabetes attend such school, at least ~~two~~ *three* employees ~~have been trained in~~
 332 ~~the administration of insulin and glucagon~~ *are designated as level three trained diabetes personnel pursuant*
 333 *to § 22.1-274.01:1. In school buildings with an instructional and administrative staff of fewer than 10, school*
 334 *boards shall ensure that (a) at least two employees have current certification or training in emergency first*
 335 *aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator and (b) if one or more*
 336 *students diagnosed as having diabetes attend such school, at least one employee has been trained in the*
 337 ~~administration of insulin and glucagon~~ *two employees are designated as level three trained diabetes*
 338 *personnel pursuant to § 22.1-274.01:1. For purposes of this subsection, "employee" includes any person*
 339 *employed by a local health department who is assigned to the public school pursuant to an agreement*
 340 *between the local health department and the school board.*

341 F. When a registered nurse, advanced practice registered nurse, physician, or physician assistant is
 342 physically present, no employee who is not a registered nurse, advanced practice registered nurse, physician,
 343 or physician assistant shall ~~administer or~~ assist with the administration of insulin or ~~administer~~ glucagon.
 344 ~~Prescriber authorization and parental consent shall be obtained for any~~ *In the event that a registered nurse,*
 345 *advanced practice registered nurse, physician, or physician assistant is not physically present, pursuant to §*
 346 *22.1-274.01:1, an employee who is not a registered nurse, advanced practice registered nurse, physician, or*
 347 *physician assistant to but who is designated as level three trained diabetes personnel may, upon parental*
 348 *consent and pursuant to prescriber authorization provided in a student's diabetes medical management plan,*
 349 *administer or assist with the administration of insulin and administer glucagon.*

350 **§ 22.1-274.01:1. Students who are diagnosed with diabetes; diabetes medical management plans;**
 351 **self-care; support, care, and management by certain employees of school board; policies and**
 352 **procedures; requirements; guidelines.**

353 A. As used in this section:

354 *"Designated receiver" means any device designed solely for use as a receiver.*

355 *"Diabetes medical management plan" or "DMMP" means a document signed and developed by the*
 356 *physician or other health care provider of a student who is diagnosed with diabetes, in collaboration with the*
 357 *parent of such student, that sets out and authorizes the provision of the diabetes care and management*
 358 *services that such student may need in a school setting, including the provision of such services by such*
 359 *student independently or by certain specified employees of the school board, and includes any orders issued*
 360 *by such prescriber that, pursuant to applicable law, are necessary to authorize the administration of insulin*
 361 *or glucagon to such student by certain employees of the school board.*

362 *"Employee" includes any person employed by a local health department who is assigned to the public*
 363 *school pursuant to an agreement between the local health department and the school board.*

364 *"Level three trained diabetes personnel" means any employee of the school board who has successfully*

365 completed level three diabetes care and management training in accordance with the provisions of
 366 subdivision F 3.

367 "Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a
 368 prescription.

369 "Receiver" means a device that automatically receives blood glucose level data transmitted by a
 370 continuous glucose monitor or other equipment used to monitor blood glucose levels and displays in real
 371 time, based on such data, current blood glucose levels and may also display trends in blood glucose levels
 372 over time and such other data relating to blood glucose levels. "Receiver" includes a designated receiver and
 373 an application that can be downloaded to a smart phone or other compatible smart device that receives such
 374 transmitted blood glucose level data.

375 "School setting" includes a school bus transporting any student to and from school, school property
 376 during regular school hours, and any school-sponsored event or activity occurring on or off school property
 377 outside of regular school hours.

378 B. The parent of any student who is diagnosed with diabetes for whom the parent seeks to receive certain
 379 diabetes care and management services in a school setting shall submit to such student's school principal and
 380 any school nurse (i) at the beginning of the school year or at the time of such student's enrollment, a diabetes
 381 medical management plan and (ii) at the beginning of each school year thereafter and any time a
 382 modification is made, at the discretion of his physician or other health care provider and parent, relating to
 383 such student's diabetes care and management services, an updated DMMP. Any DMMP or updated DMMP
 384 shall:

385 1. Be developed using the DMMP form developed by the American Diabetes Association or a
 386 substantially similar form;

387 2. Include any prescriber authorizations or written approvals necessary for the provision of any diabetes
 388 care and management services set forth in the DMMP, including (i) an order issued by such student's
 389 prescriber authorizing an employee of the school board who is a registered nurse, licensed practical nurse,
 390 or certified nurse aide to (a) adjust the timing and dosage of insulin and carbohydrates within the parameters
 391 specified in the DMMP, (b) consult with such student's parent relating to proposed adjustments to insulin
 392 administration, carbohydrate timing, dosage, or consumption, and any other diabetes care and management
 393 services to be provided during regular school hours or on school property at a school-sponsored activity or
 394 event, and (c) assist with the insertion or reinsertion of such student's insulin pump, continuous glucagon
 395 monitor, or any part or component thereof; (ii) written approval from such prescriber for such student to,
 396 pursuant to subsection C, independently provide any diabetes care and management services set forth in his
 397 DMMP; (iii) an order issued by such student's prescriber authorizing any level three trained diabetes
 398 personnel to administer insulin or glucagon or to assist with the insertion or reinsertion of a student's insulin
 399 pump, continuous glucose monitor, or any part or component thereof; or (iv) prescriber authorization or
 400 written approval for any level three trained diabetes personnel to provide or assist in the provision of any
 401 other diabetes care and management services for such student pursuant to such student's DMMP;

402 3. Upon receipt, be (i) signed on the designated line by the receiving school nurse in acknowledgement of
 403 receipt and (ii) reviewed by the school principal, the parent of the student, the school nurse, and any level
 404 three trained diabetes personnel employed at such school;

405 4. Be kept and maintained in a location that can be easily accessed at all times by any school nurse, any
 406 employee of the school board who is a registered nurse, licensed practical nurse, or certified nurse aide, and
 407 any level three trained diabetes personnel at such student's school; and

408 5. Upon request of such student's parent, be shared with any employee of the school board with whom
 409 such student comes in contact, including any athletics coaches, sponsors of extracurricular activities, and
 410 school bus drivers responsible for the transportation of such student to and from the school.

411 C. Each local school board shall permit each enrolled student who is diagnosed with diabetes, with
 412 parental consent and written approval from the prescriber, as that term is defined in § 54.1-3401 pursuant to
 413 prescriber approval provided as a part of such student's DMMP, to ~~(i) carry:~~

414 1. Carry with him at all times and use whenever necessary diabetes care and management supplies,
 415 including (i) a reasonable and appropriate short-term supply of carbohydrates, snacks, and water; (ii) any
 416 supplies or equipment necessary for diabetes care and management services relating to the monitoring and
 417 treatment of hypoglycemia and hyperglycemia, including a continuous glucose monitor, a blood glucose
 418 meter, an insulin pump, ~~and~~ or such other insulin delivery system used by the student, and a glucagon or
 419 other equipment for immediate treatment of high and low blood glucose levels; and (iii) any receiver,
 420 including a designated receiver or a receiver application downloaded to a smart phone or other compatible
 421 smart device, for the purpose of monitoring and viewing his blood glucose levels in real time; and ~~(ii)~~

422 2. Independently provide certain diabetes care and management services at any time in a school setting,
 423 including by (i) performing a self-check of his own blood glucose levels ~~on a school bus, on school property,~~
 424 ~~and at a school-sponsored activity,~~ (ii) administering insulin through the insulin delivery system such student
 425 uses in accordance with his medication schedule set forth in his DMMP or as necessary to treat

426 hyperglycemia, (iii) treating hypoglycemia by administering a glucagon or by other means, and (iv) using a
427 cell phone or other personal communication device as necessary to contact his parent, a school nurse or
428 other employee of the school board who is a registered nurse, licensed practical nurse, or certified nurse aide
429 , or any level three trained diabetes management personnel on matters relating to diabetes care and
430 management needs and decisions.

431 ~~B. A local school board~~ D. Any employee of a school board who is a registered nurse, licensed practical
432 nurse, or certified nurse aide and who has been trained in the administration of insulin, including the use and
433 insertion of insulin pumps, and the administration of glucagon may assist, pursuant to a student's DMMP,
434 provide or assist in the provision of certain diabetes care and management services for a student who is
435 diagnosed with diabetes and who carries an insulin pump with the insertion or reinsertion of the, including:

436 1. Inserting or reinserting such student's insulin pump, a continuous glucose monitor, or any of its parts:
437 For the purposes of this subsection, "employee" has the same meaning as in subsection E of § 22.1-274.
438 Prescriber authorization and parental consent shall be obtained for any such employee to assist with the
439 insertion or reinsertion of the pump or any of its parts or components of an insulin pump or continuous
440 glucose monitor;

441 2. Responding to blood glucose levels that are outside of the student's target range, as set forth in his
442 DMMP, including by possessing and administering or assisting such student in administering glucagon or
443 insulin through the insulin delivery system such student uses as set forth in his DMMP;

444 3. Checking, monitoring, and recording or assisting such student with checking, monitoring, and
445 recording such student's blood glucose levels and ketone levels; and

446 4. Providing or assisting in the provision of any other diabetes care and management services as set forth
447 in such student's DMMP.

448 E. In the event that an employee of the school board who is a registered nurse, licensed practical nurse,
449 or certified nurse aide is not physically present, any level three trained diabetes personnel may, upon
450 parental consent and pursuant to prescriber authorization provided in a student's DMMP, provide or assist
451 in the provision of any of the diabetes care and management services described in subsection D for a student
452 who is diagnosed with diabetes.

453 F. The Board of Education and the Department of Health shall approve and each school board shall
454 require certain employees of the school board to complete level one, level two, and level three diabetes care
455 and management training in accordance with the following requirements:

456 1. Level one diabetes care and management training shall be completed on an annual basis by all
457 employees of the school board whose duties include regular contact with students. Level one diabetes care
458 and management training shall consist of an online course or module that is designed to provide an
459 understanding and awareness of the basic care and support needs of students diagnosed with diabetes,
460 including how to recognize and respond to the signs and symptoms of hypoglycemia and hyperglycemia and
461 who to contact in the event that a student with diabetes or such employee has reason to believe such student
462 is experiencing a diabetes-related emergency;

463 2. Level two diabetes care and awareness training shall be completed on a biennial basis by all
464 instructional personnel, any employee of the school board with an extracurricular activity sponsorship
465 pursuant to § 22.1-302 or who is otherwise responsible for overseeing any school-sponsored activities or
466 programs, and any school bus driver responsible for providing student transportation to and from school.
467 Level two diabetes care and management training shall consist of a training program or module and shall
468 focus on recognizing and responding to diabetes-related emergencies, including (i) recognizing and respond
469 ing to audible continuous glucose monitor or insulin pump alerts; (ii) recognizing certain symptoms and
470 warning signs of and responding to hypoglycemic and hyperglycemic emergencies; (iii) learning any
471 procedures that should be followed in the event of an emergency situation in a school setting; and (iv)
472 learning information relating to the legal limitations on the provision of certain diabetes care and
473 management services by individuals who lack the requisite training and prescriber authorization and any
474 applicable exceptions, including (a) the immunity to civil liability provided pursuant to § 8.01-225 for any
475 acts or omissions resulting from any person, in good faith and without compensation, rendering emergency
476 care or assistance to a person experiencing a life-threatening emergency and (b) the immunity to civil
477 liability provided pursuant to § 8.01-226.5:1 for any acts or omissions resulting from any employee of a
478 school board, in good faith and without compensation, and in the absence of gross negligence or willful
479 misconduct, supervising any student in independently providing any diabetes care and management services
480 pursuant to his DMMP; and

481 3. Level three diabetes care and management training shall be completed at any school in which at least
482 one student is diagnosed as having diabetes by at least (i) three employees of the school board if such school
483 has an instructional or administrative staff of 10 or more or (ii) two employees of the school board if such
484 school has an instructional or administrative staff of fewer than 10. Level three diabetes care and awareness
485 training shall consist of (a) a four-hour training module that shall be designed to prepare such employees to,
486 upon parental consent and prescriber authorization provided pursuant to a student's DMMP, provide

487 diabetes care and management services and (b) a two-hour hands-on training course provided by a
 488 registered nurse, consistent with the guidance outlined in the most recent revision of the Diabetes
 489 Management in School: Manual for Unlicensed Personnel published by the Department of Education, that
 490 shall include demonstrations of and hands-on practice with the use and insertion of a continuous glucose
 491 monitor, an insulin pump, and other insulin delivery systems. Any employee of the school board who has
 492 successfully completed such level three diabetes care and awareness training shall be designated as "level
 493 three trained diabetes personnel" and shall be permitted to provide or assist in the provision of certain
 494 diabetes care and management services for students who are diagnosed with diabetes in accordance with
 495 subsection E.

496 G. Each school board, in accordance with the guidelines developed by the Board of Education in
 497 collaboration with the Department of Health and consistent with the guidance outlined in the most recent
 498 revision of the Diabetes Management in School: Manual for Unlicensed Personnel published by the
 499 Department of Education, shall develop and each public elementary and secondary school in the school
 500 division shall implement policies and procedures:

501 1. Relating to the diabetes care and management training required pursuant to subsection F, including (i)
 502 policies requiring any employee of the school board to complete the requisite level of diabetes care and
 503 management training, (ii) procedures for maintaining records of training completion by each employee of the
 504 school board, and (iii) procedures for providing such diabetes care and management training to each
 505 employee at no cost or reduced cost; and

506 2. Ensuring that each student who is diagnosed as having diabetes is, to the fullest extent possible and in
 507 accordance with all state and federal laws and regulations, not deprived of, denied, excluded from, or
 508 otherwise limited in the access or opportunity to receive a free and appropriate public education and to
 509 participate in any school-sponsored program or activity solely by reason of his diabetes, including policies
 510 and procedures for (i) ensuring the timely provision of reasonable accommodations when necessary; (ii)
 511 requiring, at any school in which at least one enrolled student is diagnosed as having diabetes, at least one
 512 level three trained diabetes personnel to be physically present and available at all times on school property
 513 during regular school hours and at any school-sponsored program or activity held on school property; and
 514 (iii) permitting the parent of any student with diabetes to attend any field trip or school-sponsored activity
 515 taking place off of school property in the event that no level three trained diabetes personnel can be present
 516 at such field trip or school-sponsored activity.

517 H. Each school board shall develop and each public elementary and secondary school in the school
 518 division shall implement, consistent with the guidance outlined in the most recent revision of the Diabetes
 519 Management in School: Manual for Unlicensed Personnel published by the Department of Education,
 520 policies and procedures relating to the possession and administration of undesignated nasal or injectable
 521 glucagon. Such policies and procedures shall:

522 1. Require at least two doses of undesignated glucagon to be maintained in each school at all times in a
 523 secure location that is immediately accessible to any school nurse or other employee who is a registered
 524 nurse, licensed practical nurse, or certified nurse who has been trained in the administration of glucagon and
 525 any level three trained diabetes personnel;

526 2. Include guidance on (i) locations in schools in which such doses may be stored and (ii) the conditions
 527 under which such doses of undesignated glucagon shall be stored, disposed of, and replaced;

528 3. Require the maintenance of records of the date on which any dose of undesignated glucagon is access
 529 ed and administered, disposed of, or replaced; and

530 4. Establish a process for requesting emergency medical services and notifying appropriate personnel
 531 immediately after a dose of such undesignated glucagon is administered.

532 I. Any school nurse or other employee of the school board who is a registered nurse, licensed practical
 533 nurse, or certified nurse who has been trained in the administration of glucagon and any level three trained
 534 diabetes personnel permitted to provide certain diabetes care and management services pursuant to
 535 subsection E may, upon parental consent and pursuant to prescriber authorization provided in a student's
 536 DMMP, administer a dose of such undesignated glucagon to a student in the event that such student's
 537 prescribed glucagon is unavailable or expired.

538 J. Any school board may accept donations of nasal or injectable glucagon from a wholesale distributor of
 539 glucagon or donations of money from any individual to purchase nasal or injectable glucagon for the
 540 purpose of maintenance in a public school in the local school division as required pursuant to subsection H.

541 K. Any employee of the school board who:

542 1. Pursuant to subsection E is designated as level three trained diabetes personnel and who, upon
 543 parental consent and pursuant to prescriber authorization provided in a student's DMMP, administers or
 544 assists with the administration of insulin or glucagon to such student or assists such student with the insertion
 545 or reinsertion of an insulin pump, a continuous glucose monitor, or any part or component of an insulin
 546 pump or continuous glucose monitor shall be immune from any disciplinary action and, pursuant to
 547 subdivision A 11 a of § 8.01-225, shall not be liable for any civil damages for ordinary negligence in acts or

548 omissions resulting from providing or assisting such student with providing such diabetes care and
 549 management services; and

550 2. In good faith and without compensation, and in the absence of gross negligence or willful misconduct,
 551 supervises a student who is diagnosed as having diabetes in independently providing, pursuant to his DMMP,
 552 any diabetes care and management services shall be immune from any disciplinary action or, pursuant to §
 553 8.01-226.5:1, shall not be liable for any civil damages for acts or omissions resulting from such supervision.

554 L. The Department of Education, in collaboration with the Department of Health, shall develop and make
 555 available to each school board informational materials for parents on diabetes awareness and care. Such
 556 informational materials shall include (i) a description of and common warning signs and symptoms
 557 associated with diabetes in children; (ii) guidance on actions parents should take if a child displays any
 558 warning signs or symptoms described in clause (i); and (iii) guidance for any parent of a child who is
 559 diagnosed as having diabetes on the options, policies, and procedures relating to diabetes care and
 560 management in a school setting, including information detailing the process for and the benefits of
 561 developing and implementing a DMMP for his child in accordance with the provisions of this section. Each
 562 school board shall make such informational materials available to the parent of each student enrolled in the
 563 school division at the beginning of each school year. The Department of Education, in collaboration with the
 564 Department of Health, shall review and update such informational materials as necessary.

565 M. Nothing in this section shall require any employee (i) who is not a school nurse or other employee with
 566 a specific duty to deliver health-related services to assist with the insertion or reinsertion of the a student's
 567 insulin pump, continuous glucose monitor, or any of its parts or components thereof or (ii) who is designated
 568 as level three trained diabetes personnel to perform any diabetes care and management services at any time
 569 outside of regular school hours except in the case of school-sponsored extracurricular activities occurring on
 570 school property. With the exception of school administrative personnel and employees of the school board
 571 who have a specific duty to deliver health-related services, no employee of the school board shall be
 572 disciplined, placed on probation, or dismissed on the basis of such employee's refusal to obtain training in
 573 the administration of insulin and glucagon.

574 **§ 22.1-274.2. Possession and administration of inhaled asthma medications and epinephrine by**
 575 **certain students or school board employees.**

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

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

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

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

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

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

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

606 B. The permission granted a student with a diagnosis of asthma or anaphylaxis, or both, to possess and
 607 self-administer inhaled asthma medications or auto-injectable epinephrine, or both, shall be effective for one
 608 school year. Permission to possess and self-administer such medications shall be renewed annually. For the

609 purposes of this section, "one school year" means 365 calendar days.

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

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

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

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

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

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

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

637 ~~F. Any public elementary or secondary school may maintain a supply of nasal or injectable glucagon in~~
 638 ~~any secure location that is immediately accessible to any school nurse or other employee trained in the~~
 639 ~~administration of nasal and injectable glucagon prescribed to the school by a prescriber, as defined in §~~
 640 ~~54.1-3401. Any such school shall ensure that such a supply consists of at least two doses. Any school nurse~~
 641 ~~or other authorized employee who is trained in the administration of nasal and injectable glucagon consistent~~
 642 ~~with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for~~
 643 ~~Unlicensed Personnel published by the Department may administer nasal or injectable glucagon from~~
 644 ~~undesignated inventory with parental consent and if the student's prescribed glucagon is not available on~~
 645 ~~school grounds or has expired.~~

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

650 **§ 22.1-275.1. School health advisory board.**

651 A. Each school board may establish a school health advisory board of no more than 20 members ~~which~~
 652 ~~that~~ shall consist of broad-based community representation, including, ~~but not limited to~~, parents, ~~at least one~~
 653 ~~of whom shall be the parent of a student diagnosed with diabetes if there is at least one student diagnosed~~
 654 ~~with diabetes enrolled in the applicable school division~~, students, health professionals, educators, and others.
 655 If established, the school health advisory board shall assist with the development of health policy in the
 656 school division and the evaluation of the status of school health, health education, the school environment,
 657 and health services.

658 B. Any school health advisory board shall hold meetings at least semi-annually and shall annually report
 659 on the status and needs of student health in the school division to any relevant school, the school board, the
 660 Virginia Department of Health, and the Virginia Department of Education.

661 C. The local school board may request that the school health advisory board recommend to the local
 662 school board procedures relating to children with acute or chronic illnesses or conditions, including, ~~but not~~
 663 ~~limited to~~, appropriate emergency procedures for any life-threatening conditions and designation of school
 664 personnel to implement the appropriate emergency procedures. The procedures relating to children with acute
 665 or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the
 666 schools within the jurisdiction.

667 D. Any school health advisory board that includes at least one member who is the parent of a student with
 668 diabetes may establish a diabetes parent task force, consisting of parents of students diagnosed with diabetes
 669 enrolled in any school in the school division, for the purpose of providing to the school health advisory board

670 *input relating to appropriate emergency procedures for diabetes-related emergencies, the designation of*
 671 *school personnel to implement such emergency procedures, and policies and procedures for ensuring*
 672 *consistency of diabetes care and management strategies between home and school.*

673 **§ 54.1-2901. Exceptions and exemptions generally.**

674 A. The provisions of this chapter shall not prevent or prohibit:

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

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

679 3. Any licensed advanced practice registered nurse from rendering care in accordance with the provisions
 680 of §§ 54.1-2957 and 54.1-2957.01, any advanced practice registered nurse licensed by the Boards of
 681 Medicine and Nursing in the category of certified nurse midwife practicing pursuant to subsection H of §
 682 54.1-2957, or any advanced practice registered nurse licensed by the Boards of Medicine and Nursing in the
 683 category of clinical nurse specialist practicing pursuant to subsection J of § 54.1-2957 when such services are
 684 authorized by regulations promulgated jointly by the Boards of Medicine and Nursing;

685 4. Any registered professional nurse, licensed advanced practice registered nurse, graduate laboratory
 686 technician, or other technical personnel who have been properly trained from rendering care or services
 687 within the scope of their usual professional activities which shall include the taking of blood, the giving of
 688 intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders
 689 of a person licensed to practice medicine or osteopathy, an advanced practice registered nurse, or a physician
 690 assistant;

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

693 6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him,
 694 such activities or functions as are nondiscretionary and do not require the exercise of professional judgment
 695 for their performance and which are usually or customarily delegated to such persons by practitioners of the
 696 healing arts, if such activities or functions are authorized by and performed for such practitioners of the
 697 healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing
 698 arts;

699 7. The rendering of medical advice or information through telecommunications from a physician licensed
 700 to practice medicine in Virginia or an adjoining state, or from a licensed advanced practice registered nurse,
 701 to emergency medical personnel acting in an emergency situation;

702 8. The domestic administration of family remedies;

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

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

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

708 12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or
 709 appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant
 710 bracer or prosthetist for the purpose of having a three-dimensional record of the deformity, when such
 711 bracer or prosthetist has received a prescription from a licensed physician, licensed advanced practice
 712 registered nurse, or licensed physician assistant directing the fitting of such casts and such activities are
 713 conducted in conformity with the laws of Virginia;

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

716 14. The practice of the religious tenets of any church in the ministrations to the sick and suffering by
 717 mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for
 718 compensation;

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

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

729 17. The performance of the duties of any active duty health care provider in active service in the army,
 730 navy, coast guard, marine corps, air force, space force, or public health service of the United States at any

731 public or private health care facility while such individual is so commissioned or serving and in accordance
732 with his official military duties;

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

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

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

738 21. Qualified emergency medical services personnel, when acting within the scope of their certification,
739 and licensed health care practitioners, when acting within their scope of practice, from following Durable Do
740 Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed
741 health care practitioners from following any other written order of a physician not to resuscitate a patient in
742 the event of cardiac or respiratory arrest;

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

745 23. Any person from engaging in the five needle auricular acupuncture protocol (5NP), a standardized
746 five needle protocol wherein up to five needles are inserted into the external human ear to provide relief from
747 the effects of behavioral health conditions, provided such person (i) has appropriate training in the 5NP,
748 including training established by the National Acupuncture Detoxification Association or equivalent
749 certifying body; (ii) does not use any letters, words, or insignia indicating or implying that the person is an
750 acupuncturist; and (iii) makes no statements implying that his practice of the 5NP is licensed, certified, or
751 otherwise overseen by the Commonwealth. Treatment utilizing the 5NP pursuant to this subdivision shall be
752 strictly limited to the insertion of disposable, sterile acupuncture needles into the ear and only in compliance
753 with the 5NP. The application or insertion of needles anywhere else on the body of another person by a
754 person acting under the provisions of this subdivision shall be considered engaging in the practice of
755 acupuncture without a license;

756 24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR)
757 acting in compliance with the patient's individualized service plan and with the written order of the attending
758 physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

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

762 26. Any employee of a school board, ~~authorized by a prescriber and trained in the administration of~~
763 ~~insulin and glucagon~~ *who, pursuant to § 22.1-274.01:1, is designated as level three trained diabetes*
764 *personnel, when, upon the authorization of a prescriber, including authorization of a prescriber pursuant to a*
765 *n order issued as a part of a student's diabetes medical management plan, and the written request consent of*
766 *the parents as defined in § 22.1-1, administering or assisting with the administration of insulin or*
767 *administering glucagon to a student diagnosed as having diabetes and who requires insulin injections during*
768 *the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;*

769 27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free
770 health care to an underserved population of Virginia who (i) does not regularly practice his profession in
771 Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory,
772 district or possession of the United States, (iii) volunteers to provide free health care to an underserved area
773 of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that
774 sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or
775 certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days
776 prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges,
777 in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations,
778 during the limited period that such free health care is made available through the volunteer, nonprofit
779 organization on the dates and at the location filed with the Board. The Board may deny the right to practice in
780 Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or
781 revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws
782 or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria
783 to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit
784 organization verifies that the practitioner has a valid, unrestricted license in another state;

785 28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of
786 sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in
787 § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated
788 Laboratories or other public health laboratories, designated by the State Health Commissioner, for the
789 purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

790 29. Any physician of medicine or osteopathy or advanced practice registered nurse from delegating to a
791 registered nurse under his supervision the screening and testing of children for elevated blood-lead levels

792 when such testing is conducted (i) in accordance with a written protocol between the physician or advanced
793 practice registered nurse and the registered nurse and (ii) in compliance with the Board of Health's
794 regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be
795 conducted at the direction of a physician or an advanced practice registered nurse;

796 30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing
797 with the applicable regulatory agency in another state or Canada from engaging in the practice of that
798 profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the
799 duration of the athletic tournament, game, or event in which the team or athlete is competing;

800 31. Any person from performing state or federally funded health care tasks directed by the consumer,
801 which are typically self-performed, for an individual who lives in a private residence and who, by reason of
802 disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such
803 tasks;

804 32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing
805 with the applicable regulatory agency in another state from engaging in the practice of that profession in
806 Virginia with a patient who is being transported to or from a Virginia hospital for care;

807 33. Any doctor of medicine or osteopathy, physician assistant, or advanced practice registered nurse who
808 would otherwise be subject to licensure by the Board who holds an active, unrestricted license in another
809 state, the District of Columbia, or a United States territory or possession and who is in good standing with the
810 applicable regulatory agency in that state, the District of Columbia, or that United States territory or
811 possession who provides behavioral health services, as defined in § 37.2-100, from engaging in the practice
812 of his profession and providing behavioral health services to a patient located in the Commonwealth in
813 accordance with the standard of care when (i) such practice is for the purpose of providing continuity of care
814 through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously
815 established a practitioner-patient relationship with the patient and has performed an in-person evaluation of
816 the patient within the previous year. A practitioner who provides behavioral health services to a patient
817 located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide
818 such services for a period of no more than one year from the date on which the practitioner began providing
819 such services to such patient;

820 34. Any employee of a program licensed by the Department of Behavioral Health and Developmental
821 Services who is certified in cardiopulmonary resuscitation from acting in compliance with a program
822 participant's valid written order not to resuscitate issued in accordance with § 54.1-2987.1 if such valid
823 written order not to resuscitate is included in the program participant's individualized service plan; or

824 35. Any doctor of medicine or osteopathy, physician assistant, respiratory therapist, occupational
825 therapist, or advanced practice registered nurse who would otherwise be subject to licensure by the Board
826 who holds an active, unrestricted license in another state or the District of Columbia and who is in good
827 standing with the applicable regulatory agency in that state or the District of Columbia from engaging in the
828 practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such
829 practice is for the purpose of providing continuity of care through the use of telemedicine services as defined
830 in § 38.2-3418.16 and (ii) the patient is a current patient of the practitioner with whom the practitioner has
831 previously established a practitioner-patient relationship and the practitioner has performed an in-person
832 examination of the patient within the previous 12 months.

833 For purposes of this subdivision, if such practitioner with whom the patient has previously established a
834 practitioner-patient relationship is unavailable at the time in which the patient seeks continuity of care,
835 another practitioner of the same subspecialty at the same practice group with access to the patient's treatment
836 history may provide continuity of care using telemedicine services until the practitioner with whom the
837 patient has a previously established practitioner-patient relationship becomes available. For the purposes of
838 this subdivision, "practitioner of the same subspecialty" means a practitioner who utilizes the same
839 subspecialty taxonomy code designation for claims processing.

840 For the purposes of this subdivision, if a patient is (a) an enrollee of a health maintenance organization
841 that contracts with a multispecialty group of practitioners, each of whom is licensed by the Board of
842 Medicine, and (b) a current patient of at least one practitioner who is a member of the multispecialty group
843 with whom such practitioner has previously established a practitioner-patient relationship and of whom such
844 practitioner has performed an in-person examination within the previous 12 months, the patient shall be
845 deemed to be a current patient of each practitioner in the multispecialty group with whom each such
846 practitioner has established a practitioner-patient relationship.

847 B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as
848 defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services
849 pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist or the chief
850 medical officer of an organization participating in such program, or his designee who is a licensee of the
851 Board and supervising within his scope of practice.

852 **§ 54.1-3001. Exemptions.**

853 A. This chapter shall not apply to the following:

- 854 1. The furnishing of nursing assistance in an emergency;
- 855 2. The practice of nursing, which is prescribed as part of a study program, by nursing students enrolled in
- 856 nursing education programs approved by the Board or by graduates of approved nursing education programs
- 857 for a period not to exceed ninety days following successful completion of the nursing education program
- 858 pending the results of the licensing examination, provided proper application and fee for licensure have been
- 859 submitted to the Board and unless the graduate fails the licensing examination within the 90-day period;
- 860 3. The practice of any legally qualified nurse of another state who is employed by the United States
- 861 government while in the discharge of his official duties;
- 862 4. The practice of nursing by a nurse who holds a current unrestricted license in another state, the District
- 863 of Columbia, a United States possession or territory, or who holds a current unrestricted license in Canada
- 864 and whose training was obtained in a nursing school in Canada where English was the primary language, for
- 865 a period of 30 days pending licensure in Virginia, if the nurse, upon employment, has furnished the employer
- 866 satisfactory evidence of current licensure and submits proper application and fees to the Board for licensure
- 867 before, or within 10 days after, employment. At the discretion of the Board, additional time may be allowed
- 868 for nurses currently licensed in another state, the District of Columbia, a United States possession or territory,
- 869 or Canada who are in the process of attaining the qualification for licensure in this Commonwealth;
- 870 5. The practice of nursing by any registered nurse who holds a current unrestricted license in another state,
- 871 the District of Columbia, or a United States possession or territory, or a nurse who holds an equivalent
- 872 credential in a foreign country, while enrolled in an advanced professional nursing program requiring clinical
- 873 practice. This exemption extends only to clinical practice required by the curriculum;
- 874 6. The practice of nursing by any nurse who holds a current unrestricted license in another state, the
- 875 District of Columbia, or a United States possession or territory and is employed to provide care to any private
- 876 individual while such private individual is traveling through or temporarily staying, as defined in the Board's
- 877 regulations, in the Commonwealth;
- 878 7. General care of the sick by nursing assistants, companions or domestic servants that does not constitute
- 879 the practice of nursing as defined in this chapter;
- 880 8. The care of the sick when done solely in connection with the practice of religious beliefs by the
- 881 adherents and which is not held out to the public to be licensed practical or professional nursing;
- 882 9. Any employee of a school board, ~~authorized by a prescriber and trained in the administration of insulin~~
- 883 ~~and glucagon who, pursuant to § 22.1-274.01:1, is designated as level three trained diabetes personnel,~~
- 884 ~~when, upon the authorization of a prescriber, including authorization of a prescriber pursuant to an order~~
- 885 ~~issued as a part of student's diabetes medical management plan, and the written request consent of the~~
- 886 ~~parents as defined in § 22.1-1, administering or assisting with the administration of insulin or administering~~
- 887 ~~glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day~~
- 888 ~~or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;~~
- 889 10. The practice of nursing by any nurse who is a graduate of a foreign nursing school and has met the
- 890 credential, language, and academic testing requirements of the Commission on Graduates of Foreign Nursing
- 891 Schools for a period not to exceed ninety days from the date of approval of an application submitted to the
- 892 Board when such nurse is working as a nonsupervisory staff nurse in a licensed nursing home or certified
- 893 nursing facility. During such ninety-day period, such nurse shall take and pass the licensing examination to
- 894 remain eligible to practice nursing in Virginia; no exemption granted under this subdivision shall be
- 895 extended;
- 896 11. The practice of nursing by any nurse rendering free health care to an underserved population in
- 897 Virginia who (i) does not regularly practice nursing in Virginia, (ii) holds a current valid license or
- 898 certification to practice nursing in another state, territory, district or possession of the United States, (iii)
- 899 volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a
- 900 publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to
- 901 populations of underserved people, (iv) files a copy of the license or certification issued in such other
- 902 jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision
- 903 of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure
- 904 exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such
- 905 free health care is made available through the volunteer, nonprofit organization on the dates and at the
- 906 location filed with the Board. The Board may deny the right to practice in Virginia to any nurse whose
- 907 license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is
- 908 otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a nurse
- 909 who meets the above criteria to provide volunteer services without prior notice for a period of up to three
- 910 days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in
- 911 another state;
- 912 12. Any person performing state or federally funded health care tasks directed by the consumer, which are
- 913 typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is
- 914 unable to perform such tasks but who is capable of directing the appropriate performance of such tasks;
- 915 13. The practice of nursing by any nurse who holds a current unrestricted license from another state, the

916 District of Columbia or a United States possession or territory, while such nurse is in the Commonwealth
 917 temporarily and is practicing nursing in a summer camp or in conjunction with clients who are participating
 918 in specified recreational or educational activities;

919 14. The practice of massage therapy that is an integral part of a program of study by a student enrolled in a
 920 massage therapy educational program under the direction of a licensed massage therapist. Any student
 921 enrolled in a massage therapy educational program shall be identified as a "Student Massage Therapist" and
 922 shall deliver massage therapy under the supervision of an appropriate clinical instructor recognized by the
 923 educational program;

924 15. The practice of massage therapy by a massage therapist licensed or certified in good standing in
 925 another state, the District of Columbia, or another country, while such massage therapist is volunteering at a
 926 sporting or recreational event or activity, is responding to a disaster or emergency declared by the appropriate
 927 authority, is travelling with an out-of-state athletic team or an athlete for the duration of the athletic
 928 tournament, game, or event in which the team or athlete is competing, or is engaged in educational seminars;

929 16. Any person providing services related to the domestic care of any family member or household
 930 member so long as that person does not offer, hold out, or claim to be a massage therapist;

931 17. Any health care professional licensed or certified under this title for which massage therapy is a
 932 component of his practice; or

933 18. Any individual who provides stroking of the hands, feet, or ears or the use of touch, words, and
 934 directed movement, including healing touch, therapeutic touch, mind-body centering, orthobionomy, traeger
 935 therapy, reflexology, polarity therapy, reiki, qigong, muscle activation techniques, or practices with the
 936 primary purpose of affecting energy systems of the human body.

937 B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as
 938 defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services
 939 pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist or the chief
 940 medical officer of an organization participating in such program. The chief medical officer of an organization
 941 participating in a program established pursuant to § 2.2-2001.4 may, in consultation with the chief nursing
 942 officer of such organization, designate a registered nurse licensed by the Board or practicing with a multistate
 943 licensure privilege to supervise military personnel participating in a program established pursuant to §
 944 2.2-2001.4 in the practice of nursing.

945 **§ 54.1-3408. Professional use by practitioners.**

946 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced
 947 practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04,
 948 a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5
 949 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good
 950 faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife
 951 pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for
 952 medicinal or therapeutic purposes within the course of his professional practice.

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

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

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

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

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

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

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

974 D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
 975 his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to
 976 possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii)

- 977 heparin and sterile normal saline to use for the maintenance of intravenous access lines.
- 978 Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may
- 979 possess and administer epinephrine in emergency cases of anaphylactic shock.
- 980 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional
- 981 practice, any school nurse, school board employee, employee of a local governing body, or employee of a
- 982 local health department who is authorized by a prescriber and trained in the administration of epinephrine
- 983 may possess and administer epinephrine.
- 984 Pursuant to an order or standing protocol that shall be issued by the local health director within the course
- 985 of his professional practice, any school nurse, licensed athletic trainer under contract with a local school
- 986 division, school board employee, employee of a local governing body, or employee of a local health
- 987 department who is authorized by the local health director and trained in the administration of albuterol
- 988 inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler
- 989 and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an
- 990 albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience
- 991 an asthmatic crisis.
- 992 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
- 993 practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the
- 994 Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as
- 995 administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in
- 996 the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or
- 997 nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student
- 998 diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed
- 999 to be experiencing or about to experience an asthmatic crisis.
- 1000 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
- 1001 practice, any nurse at an early childhood care and education entity, employee at the entity, or employee of a
- 1002 local health department who is authorized by a prescriber and trained in the administration of epinephrine
- 1003 may possess and administer epinephrine.
- 1004 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
- 1005 practice, any employee of a public institution of higher education or a private institution of higher education
- 1006 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer
- 1007 epinephrine.
- 1008 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
- 1009 practice, any employee of an organization providing outdoor educational experiences or programs for youth
- 1010 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer
- 1011 epinephrine.
- 1012 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
- 1013 practice, and in accordance with policies and guidelines established by the Department of Health, such
- 1014 prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of
- 1015 Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is
- 1016 employed, provided that such person is trained in the administration of epinephrine.
- 1017 Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of
- 1018 a provider licensed by the Department of Behavioral Health and Developmental Services or a person
- 1019 providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health
- 1020 and Developmental Services may possess and administer epinephrine, provided such person is authorized and
- 1021 trained in the administration of epinephrine.
- 1022 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional
- 1023 practice, any employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is
- 1024 authorized by a prescriber and trained in the administration of epinephrine may possess and administer
- 1025 epinephrine.
- 1026 Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his
- 1027 professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen for
- 1028 administration in treatment of emergency medical conditions.
- 1029 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
- 1030 his professional practice, such prescriber may authorize licensed physical therapists to possess and administer
- 1031 topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.
- 1032 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
- 1033 his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer
- 1034 topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV saline for use in
- 1035 emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in emergency cases of
- 1036 anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.
- 1037 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of

1038 his professional practice, and in accordance with policies and guidelines established by the Department of
1039 Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses
1040 under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative
1041 (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent
1042 with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing
1043 transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently
1044 implemented standards of the Occupational Safety and Health Administration and the Department of Labor
1045 and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines.
1046 Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be
1047 administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The
1048 prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in
1049 the practice and principles underlying tuberculin screening.

1050 The Health Commissioner or his designee may authorize registered nurses, acting as agents of the
1051 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein
1052 derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies
1053 established by the Department of Health.

1054 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
1055 professional practice, *including an order issued by the prescriber as a part of a student's diabetes medical*
1056 *management plan pursuant to § 22.1-274.01:1*, such prescriber may authorize, with the consent of the parents
1057 as defined in § 22.1-1, an employee of (i) a school board; *who is as designated level three trained diabetes*
1058 *personnel pursuant to § 22.1-274.01:1 or* (ii) a school for students with disabilities as defined in § 22.1-319
1059 licensed by the Board of Education; or ~~(iii)~~ a private school accredited pursuant to § 22.1-19 as administered
1060 by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to
1061 *administer or* assist with the administration of insulin or ~~administer~~ glucagon to a student diagnosed as
1062 having diabetes and who requires insulin injections during the school day or for whom glucagon has been
1063 prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a
1064 licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not *physically*
1065 present to perform the administration of the medication.

1066 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
1067 professional practice, *including an order issued by the prescriber as a part of a student's diabetes medical*
1068 *management plan pursuant to § 22.1-274.01:1*, such prescriber may authorize the possession and
1069 administration of undesignated glucagon as set forth in subsection ~~F~~ I of § ~~22.1-274.2~~ 22.1-274.01:1.

1070 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
1071 professional practice, such prescriber may authorize an employee of a public institution of higher education
1072 or a private institution of higher education who is trained in the administration of insulin and glucagon to
1073 assist with the administration of insulin or administration of glucagon to a student diagnosed as having
1074 diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency
1075 treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, an advanced
1076 practice registered nurse, a physician, or a physician assistant is not present to perform the administration of
1077 the medication.

1078 Pursuant to a written order issued by the prescriber within the course of his professional practice, such
1079 prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and
1080 Developmental Services or a person providing services pursuant to a contract with a provider licensed by the
1081 Department of Behavioral Health and Developmental Services to assist with the administration of insulin or
1082 to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for
1083 whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee
1084 or person providing services has been trained in the administration of insulin and glucagon.

1085 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
1086 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not
1087 physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under
1088 the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established
1089 protocols of the Department of Health may authorize the administration of vaccines to any person by a
1090 pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support
1091 certificate issued by the Commissioner of Health under the direction of an operational medical director when
1092 the prescriber is not physically present. The emergency medical services provider shall provide
1093 documentation of the vaccines to be recorded in the Virginia Immunization Information System.

1094 J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision
1095 by either a dental hygienist or by an authorized agent of the dentist.

1096 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the
1097 course of his professional practice, a dentist may authorize a dental hygienist under his general supervision,
1098 as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of § 54.1-2722, to

1099 possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied
1100 antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug
1101 approved by the Board of Dentistry.

1102 In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI
1103 nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local
1104 anesthesia.

1105 K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
1106 his professional practice, such prescriber may authorize registered professional nurses certified as sexual
1107 assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess
1108 and administer preventive medications for victims of sexual assault as recommended by the Centers for
1109 Disease Control and Prevention.

1110 L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed
1111 a training program for this purpose approved by the Board of Nursing and who administers such drugs in
1112 accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration,
1113 and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record
1114 keeping, when the drugs administered would be normally self-administered by (i) an individual receiving
1115 services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a
1116 resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility
1117 approved by the Board or Department of Juvenile Justice for the placement of children in need of services or
1118 delinquent or alleged delinquent youth; (iv) a program participant of an adult day center licensed by the
1119 Department of Social Services; (v) a resident of any facility authorized or operated by a state or local
1120 government whose primary purpose is not to provide health care services; (vi) a resident of a private
1121 children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services,
1122 Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student
1123 in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

1124 In addition, this section shall not prevent a person who has successfully completed a training program for
1125 the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been
1126 evaluated by a registered nurse as having demonstrated competency in administration of drugs via
1127 percutaneous gastrostomy tube from administering drugs to a person receiving services from a program
1128 licensed by the Department of Behavioral Health and Developmental Services to such person via
1129 percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous
1130 gastrostomy tube shall be evaluated semiannually by a registered nurse.

1131 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of
1132 Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living
1133 facility licensed by the Department of Social Services. A registered medication aide shall administer drugs
1134 pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and
1135 manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to
1136 security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan;
1137 and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

1138 N. In addition, this section shall not prevent the administration of drugs by a person who administers such
1139 drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of
1140 administration and with written authorization of a parent, and in accordance with school board regulations
1141 relating to training, security and record keeping, when the drugs administered would be normally self-
1142 administered by a student of a Virginia public school. Training for such persons shall be accomplished
1143 through a program approved by the local school boards, in consultation with the local departments of health.

1144 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child
1145 day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local government
1146 pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as
1147 administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily
1148 completed a training program for this purpose approved by the Board of Nursing and taught by a registered
1149 nurse, a licensed practical nurse, an advanced practice registered nurse, a physician assistant, a doctor of
1150 medicine or osteopathic medicine, or a pharmacist; (b) has obtained written authorization from a parent or
1151 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the
1152 prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers
1153 only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that
1154 would normally be self-administered by the child or student, or administered by a parent or guardian to the
1155 child or student.

1156 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
1157 persons if they are authorized by the State Health Commissioner in accordance with protocols established by
1158 the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a
1159 state of emergency, the United States Secretary of Health and Human Services has issued a declaration of an

1160 actual or potential bioterrorism incident or other actual or potential public health emergency, or the Board of
1161 Health has made an emergency order pursuant to § 32.1-13 for the purpose of suppressing nuisances
1162 dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to
1163 the public life and health and for the limited purpose of administering vaccines as an approved
1164 countermeasure for such communicable, contagious, and infectious diseases; (ii) it is necessary to permit the
1165 provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely
1166 administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or
1167 devices under the direction, control, and supervision of the State Health Commissioner.

1168 Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by unlicensed
1169 individuals to a person in his private residence.

1170 R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his
1171 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to
1172 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid
1173 prescriptions.

1174 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care
1175 technicians who are certified by an organization approved by the Board of Health Professions or persons
1176 authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course
1177 of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site
1178 anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of
1179 facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a
1180 licensed physician, an advanced practice registered nurse, or a physician assistant and under the immediate
1181 and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a
1182 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the
1183 clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee
1184 is identified as a "trainee" while working in a renal dialysis facility.

1185 The dialysis care technician or dialysis patient care technician administering the medications shall have
1186 demonstrated competency as evidenced by holding current valid certification from an organization approved
1187 by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

1188 T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be
1189 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

1190 U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber
1191 may authorize the administration of controlled substances by personnel who have been properly trained to
1192 assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous,
1193 intrathecal, or epidural administration and the prescriber remains responsible for such administration.

1194 V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, osteopathic
1195 medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral or written order
1196 or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

1197 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize
1198 the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed
1199 practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical
1200 services provider who holds an advanced life support certificate issued by the Commissioner of Health when
1201 the prescriber is not physically present.

1202 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by
1203 a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
1204 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
1205 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
1206 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a
1207 health care provider providing services in a hospital emergency department, and emergency medical services
1208 personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for
1209 overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to
1210 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to
1211 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.
1212 Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science,
1213 employees of the Office of the Chief Medical Examiner, employees of the Department of General Services
1214 Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the
1215 Director of the Department of Corrections or designated as probation and parole officers or as correctional
1216 officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and
1217 parole officers or as juvenile correctional officers, employees of regional jails, employees of any state agency,
1218 school nurses, local health department employees that are assigned to a public school pursuant to an
1219 agreement between the local health department and the school board, school board employees who have
1220 completed training and are certified in the administration of an opioid antagonist for overdose reversal by a

1221 program administered or authorized by the Department of Health, other school board employees or
1222 individuals contracted by a school board to provide school health services, and firefighters may also possess
1223 and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or
1224 other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a
1225 prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with
1226 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
1227 Department of Health.

1228 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a
1229 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
1230 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
1231 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
1232 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person
1233 may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than
1234 naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols
1235 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
1236 Health.

1237 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an
1238 organization that provides services to individuals at risk of experiencing an opioid overdose or training in the
1239 administration of naloxone for overdose reversal may dispense naloxone, provided that such dispensing is (i)
1240 pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols developed by the
1241 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. If the person
1242 acting on behalf of an organization dispenses naloxone in an injectable formulation with a hypodermic needle
1243 or syringe, he shall first obtain authorization from the Department of Behavioral Health and Developmental
1244 Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic
1245 needle or syringe, and he shall obtain a controlled substance registration from the Board of Pharmacy. The
1246 Board of Pharmacy shall not charge a fee for the issuance of such controlled substance registration. The
1247 dispensing may occur at a site other than that of the controlled substance registration provided the entity
1248 possessing the controlled substances registration maintains records in accordance with regulations of the
1249 Board of Pharmacy. No person who dispenses naloxone on behalf of an organization pursuant to this
1250 subsection shall charge a fee for the dispensing of naloxone that is greater than the cost to the organization of
1251 obtaining the naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection
1252 may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about
1253 to experience a life-threatening opioid overdose.

1254 Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for
1255 overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person
1256 who is believed to be experiencing or about to experience a life-threatening opioid overdose.

1257 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
1258 professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an
1259 employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by
1260 the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the
1261 Virginia Council for Private Education who is trained in the administration of injected medications for the
1262 treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such
1263 medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed
1264 to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a
1265 licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present to
1266 perform the administration of the medication.

1267 **2. That the Department of Education, in collaboration with the Department of Health and the Board of**
1268 **Medicine, shall review and revise in accordance with the provisions of this act the Diabetes**
1269 **Management in School: Manual for Unlicensed Personnel published by the Department of Education.**

1270 **3. That the Board of Education shall promulgate and amend any regulations as necessary in**
1271 **accordance with the provisions of this act.**

1272 **4. That the Department of Education, in collaboration with the Department of Health, shall make**
1273 **available to each school board by September 1, 2025, a list of all training programs, curricula, courses,**
1274 **or modules approved by the Department of Education and the Department of Health, for the purposes**
1275 **of providing each level of diabetes care and management training required pursuant to subsection F of**
1276 **§ 22.1-274.01:1 of the Code of Virginia, as amended by this act.**