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SENATE BILL NO. 1303
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the Senate Committee on Education and Health
on _____)
(Patron Prior to Substitute—Senator McPike)

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.

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.

31 3. In good faith and without compensation, including any emergency medical services provider who holds
32 a valid certificate issued by the Commissioner of Health, administers epinephrine in an emergency to an
33 individual shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from
34 the rendering of such treatment if such person has reason to believe that the individual receiving the injection
35 is suffering or is about to suffer a life-threatening anaphylactic reaction.

36 4. Provides assistance upon request of any police agency, fire department, emergency medical services
37 agency, or governmental agency in the event of an accident or other emergency involving the use, handling,
38 transportation, transmission, or storage of liquefied petroleum gas, liquefied natural gas, hazardous material,
39 or hazardous waste as defined in § 10.1-1400 or regulations of the Virginia Waste Management Board shall
40 not be liable for any civil damages resulting from any act of commission or omission on his part in the course
41 of his rendering such assistance in good faith.

42 5. Is an emergency medical services provider possessing a valid certificate issued by authority of the State
43 Board of Health who in good faith renders emergency care or assistance, whether in person or by telephone
44 or other means of communication, without compensation, to any injured or ill person, whether at the scene of
45 an accident, fire, or any other place, or while transporting such injured or ill person to, from, or between any
46 hospital, medical facility, medical clinic, doctor's office, or other similar or related medical facility, shall not
47 be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care,
48 treatment, or assistance, including but in no way limited to acts or omissions which involve violations of
49 State Department of Health regulations or any other state regulations in the rendering of such emergency care
50 or assistance.

51 6. In good faith and without compensation, renders or administers emergency cardiopulmonary
52 resuscitation (CPR); cardiac defibrillation, including, but not limited to, the use of an automated external
53 defibrillator (AED); or other emergency life-sustaining or resuscitative treatments or procedures which have
54 been approved by the State Board of Health to any sick or injured person, whether at the scene of a fire, an
55 accident, or any other place, or while transporting such person to or from any hospital, clinic, doctor's office,
56 or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures
57 and shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative
58 treatments or procedures.

59 7. Operates an AED at the scene of an emergency, trains individuals to be operators of AEDs, or orders

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

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

69 9. Is an employee of a school board or of a local health department approved by the local governing body
70 to provide health services pursuant to § 22.1-274 who, while on school property or at a school-sponsored
71 event, (i) renders emergency care or assistance to any sick or injured person; (ii) renders or administers
72 emergency cardiopulmonary resuscitation (CPR); cardiac defibrillation, including, but not limited to, the use
73 of an automated external defibrillator (AED); or other emergency life-sustaining or resuscitative treatments or
74 procedures that have been approved by the State Board of Health to any sick or injured person; (iii) operates
75 an AED, trains individuals to be operators of AEDs, or orders AEDs; (iv) maintains an AED; or (v) renders
76 care in accordance with a seizure management and action plan pursuant to § 22.1-274.6, shall not be liable for
77 civil damages for ordinary negligence in acts or omissions on the part of such employee while engaged in the
78 acts described in this subdivision.

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

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

90 a. A school board; ~~(ii)~~ ~~a~~ and is authorized by a prescriber, including authorized by a prescriber pursuant

91 to an order issued as a part of a student's diabetes medical management plan pursuant to § 22.1-274.01:1,

92 and designated as level three trained diabetes personnel as defined in § 22.1-274.01:1, who, upon consent of

93 the parents as defined in § 22.1-1, administers or assists with the administration of insulin or glucagon to a

94 student diagnosed as having diabetes or assists a student diagnosed as having diabetes with the insertion or

95 reinsertion of an insulin pump, a continuous glucose monitor, or any part or component of an insulin pump

96 or continuous glucose monitor shall not be liable for any civil damages for ordinary negligence in acts or

97 omissions resulting from the rendering of such treatment; or

98 b. A school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education; or

99 ~~(iii)~~ a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private

100 Education and is authorized by a prescriber and trained in the administration of insulin and glucagon, who,

101 upon the written request of the parents as defined in § 22.1-1, assists with the administration of insulin ~~or, in~~

102 the case of a school board employee, with the insertion or reinsertion of an insulin pump or any of its parts

103 pursuant to subsection B of § 22.1-274.01:1 or administers glucagon to a student diagnosed as having

104 diabetes who requires insulin injections during the school day or for whom glucagon has been prescribed for

105 the emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in

106 acts or omissions resulting from the rendering of such treatment if the insulin is administered according to the

107 child's medication schedule or such employee has reason to believe that the individual receiving the glucagon

108 is suffering or is about to suffer life-threatening hypoglycemia.

109 Whenever any such employee is covered by the immunity granted ~~herein~~ pursuant to this subdivision 11,

110 the school board or school employing him shall not be liable for any civil damages for ordinary negligence in

111 acts or omissions resulting from the rendering of such ~~insulin or glucagon~~ treatment.

112 For the purposes of this subdivision, "employee" includes any person employed by a local health

113 department who is assigned to the public school pursuant to an agreement between the local health

114 department and the school board.

115 12. Is an employee of a public institution of higher education or a private institution of higher education

116 who is authorized by a prescriber and trained in the administration of insulin and glucagon, who assists with

117 the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires

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

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

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

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

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

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

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

175 19. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental

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

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

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

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

201 23. Is a school nurse, a licensed athletic trainer under contract with a local school division, an employee of
202 a school board, an employee of a local governing body, or an employee of a local health department who is
203 authorized by the local health director and trained in the administration of albuterol inhalers and valved
204 holding chambers or nebulized albuterol and who provides, administers, or assists in the administration of an

205 albuterol inhaler and a valved holding chamber or nebulized albuterol for a student believed in good faith to
206 be in need of such medication, or is the prescriber of such medication, shall not be liable for any civil
207 damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

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

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

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

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

230 Any individual, certified by the State Office of Emergency Medical Services as an emergency medical
231 services instructor and pursuant to a written agreement with such office, who, in good faith and in the
232 performance of his duties, provides instruction to persons for certification or recertification as a certified
233 basic life support or advanced life support emergency medical services provider shall not be liable for any

234 civil damages for acts or omissions on his part directly relating to his activities on behalf of such office unless
235 such act or omission was the result of such emergency medical services instructor's gross negligence or
236 willful misconduct.

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

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

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

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

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

263 functionality, including, but not limited to, services similar to traditional telephone service.

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

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

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

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

281 **§ 8.01-226.5:1. Civil immunity for employees of a school board supervising self-administration of**
282 **certain medication.**

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

292 auto-injectable epinephrine.

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

296 **§ 22.1-274. School health services.**

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

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

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

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

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

321 *"Health-related services" does not include, pursuant to § 22.1-274.01:1, any diabetes care and management*
322 *services that an employee of a school board who is designated as level three trained diabetes personnel, upon*
323 *parental consent and prescriber authorization, including prescriber authorization included as a part of a*
324 *student's diabetes medical management plan, provides or assists in providing for a student who is diagnosed*
325 *with diabetes.*

326 E. Each school board shall ensure that in school buildings with an instructional and administrative staff of
327 10 or more (i) at least three employees have current certification or training in emergency first aid,
328 cardiopulmonary resuscitation, and the use of an automated external defibrillator and (ii) if one or more
329 students diagnosed as having diabetes attend such school, at least ~~two~~ *three* employees ~~have been trained in~~
330 ~~the administration of insulin and glucagon~~ *are designated as level three trained diabetes personnel pursuant*
331 *to § 22.1-274.01:1. In school buildings with an instructional and administrative staff of fewer than 10, school*
332 *boards shall ensure that (a) at least two employees have current certification or training in emergency first*
333 *aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator and (b) if one or more*
334 *students diagnosed as having diabetes attend such school, at least ~~one~~ *employee has been trained in the**
335 ~~*administration of insulin and glucagon*~~ *two employees are designated as level three trained diabetes*
336 *personnel pursuant to § 22.1-274.01:1. For purposes of this subsection, "employee" includes any person*
337 *employed by a local health department who is assigned to the public school pursuant to an agreement*
338 *between the local health department and the school board.*

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

348 **§ 22.1-274.01:1. Students who are diagnosed with diabetes; diabetes medical management plans;**
349 **self-care; support, care, and management by certain employees of school board; policies and**

350 **procedures; requirements; guidelines.**

351 *A. As used in this section:*

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

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

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

362 *"Level three trained diabetes personnel" means any employee of the school board who has successfully*
363 *completed level three diabetes care and management training in accordance with the provisions of*
364 *subdivision F 3.*

365 *"Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a*
366 *prescription.*

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

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

376 *B. The parent of any student who is diagnosed with diabetes for whom the parent seeks to receive certain*
377 *diabetes care and management services in a school setting shall submit to such student's school principal and*
378 *any school nurse (i) at the beginning of the school year or at the time of such student's enrollment, a diabetes*

379 *medical management plan and (ii) at the beginning of each school year thereafter and any time a*
380 *modification is made, at the discretion of his physician or other health care provider and parent, relating to*
381 *such student's diabetes care and management services, an updated DMMP. Any DMMP or updated DMMP*
382 *shall:*

383 *1. Be developed using the DMMP form developed by the American Diabetes Association or a*
384 *substantially similar form;*

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

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

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

406 *5. Upon request of such student's parent, be shared with any employee of the school board with whom*
407 *such student comes in contact, including any athletics coaches, sponsors of extracurricular activities, and*

408 *school bus drivers responsible for the transportation of such student to and from the school.*

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

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

420 2. *Independently provide certain diabetes care and management services at any time in a school setting,*
421 *including by (i) performing a self-check of his own blood glucose levels ~~on a school bus, on school property,~~*
422 *and at a school-sponsored activity, (ii) administering insulin through the insulin delivery system such student*
423 *uses in accordance with his medication schedule set forth in his DMMP or as necessary to treat*
424 *hyperglycemia, (iii) treating hypoglycemia by administering a glucagon, consuming carbohydrates, or by*
425 *other means, and (iv) using a cell phone or other personal communication device as necessary to contact his*
426 *parent, a school nurse or other employee of the school board who is a registered nurse, licensed practical*
427 *nurse, or certified nurse aide, or any level three trained diabetes management personnel on matters relating*
428 *to diabetes care and management needs and decisions.*

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

434 1. *Inserting or reinserting such student's insulin pump, a continuous glucose monitor, or any of its parts-*
435 ~~For the purposes of this subsection, "employee" has the same meaning as in subsection E of § 22.1-274.~~
436 ~~Prescriber authorization and parental consent shall be obtained for any such employee to assist with the~~

437 ~~insertion or reinsertion of the pump or any of its parts or components of an insulin pump or continuous~~
438 ~~glucose monitor;~~

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

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

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

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

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

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

461 2. Level two diabetes care and awareness training shall be completed on a biennial basis by all
462 instructional personnel, any employee of the school board with an extracurricular activity sponsorship
463 pursuant to § 22.1-302 or who is otherwise responsible for overseeing any school-sponsored activities or
464 programs, and any school bus driver responsible for providing student transportation to and from school.
465 Level two diabetes care and management training shall consist of a training program or module and shall

466 *focus on recognizing and responding to diabetes-related emergencies, including (i) recognizing and respond*
467 *ing to audible continuous glucose monitor or insulin pump alerts; (ii) recognizing certain symptoms and*
468 *warning signs of and responding to hypoglycemic and hyperglycemic emergencies; (iii) learning any*
469 *procedures that should be followed in the event of an emergency situation in a school setting; and (iv)*
470 *learning information relating to the legal limitations on the provision of certain diabetes care and*
471 *management services by individuals who lack the requisite training and prescriber authorization and any*
472 *applicable exceptions, including (a) the immunity to civil liability provided pursuant to § 8.01-225 for any*
473 *acts or omissions resulting from any person, in good faith and without compensation, rendering emergency*
474 *care or assistance to a person experiencing a life-threatening emergency and (b) the immunity to civil*
475 *liability provided pursuant to § 8.01-226.5:1 for any acts or omissions resulting from any employee of a*
476 *school board, in good faith and without compensation, and in the absence of gross negligence or willful*
477 *misconduct, supervising any student in independently providing any diabetes care and management services*
478 *pursuant to his DMMP; and*

479 *3. Level three diabetes care and management training shall be completed at any school in which at least*
480 *one student is diagnosed as having diabetes by at least (i) three employees of the school board if such school*
481 *has an instructional or administrative staff of 10 or more or (ii) two employees of the school board if such*
482 *school has an instructional or administrative staff of fewer than 10. Level three diabetes care and awareness*
483 *training shall consist of (a) a four-hour training module that shall be designed to prepare such employees to,*
484 *upon parental consent and prescriber authorization provided pursuant to a student's DMMP, provide*
485 *diabetes care and management services and (b) a two-hour hands-on training course provided by a*
486 *registered nurse, consistent with the guidance outlined in the most recent revision of the Diabetes*
487 *Management in School: Manual for Unlicensed Personnel published by the Department of Education, that*
488 *shall include demonstrations of and hands-on practice with the use and insertion of a continuous glucose*
489 *monitor, an insulin pump, and other insulin delivery systems. Any employee of the school board who has*
490 *successfully completed such level three diabetes care and awareness training shall be designated as "level*
491 *three trained diabetes personnel" and shall be permitted to provide or assist in the provision of certain*
492 *diabetes care and management services for students who are diagnosed with diabetes in accordance with*
493 *subsection E.*

494 *G. Each school board, in accordance with the guidelines developed by the Board of Education in*

495 *collaboration with the Department of Health and consistent with the guidance outlined in the most recent*
496 *revision of the Diabetes Management in School: Manual for Unlicensed Personnel published by the*
497 *Department of Education, shall develop and each public elementary and secondary school in the school*
498 *division shall implement policies and procedures:*

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

504 *2. Ensuring that each student who is diagnosed as having diabetes is, to the fullest extent possible and in*
505 *accordance with all state and federal laws and regulations, not deprived of, denied, excluded from, or*
506 *otherwise limited in the access or opportunity to receive a free and appropriate public education and to*
507 *participate in any school-sponsored program or activity solely by reason of his diabetes, including policies*
508 *and procedures for (i) ensuring the timely provision of reasonable accommodations when necessary; (ii)*
509 *requiring, at any school in which at least one enrolled student is diagnosed as having diabetes, at least one*
510 *level three trained diabetes personnel to be physically present and available at all times in a school setting;*
511 *and (iii) permitting the parent of any student with diabetes to attend any field trip or school-sponsored*
512 *activity taking place off of school property, regardless of whether a level three trained diabetes personnel*
513 *will be present at such field trip or school-sponsored activity.*

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

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

523 *2. Include guidance on (i) locations in schools in which such doses may be stored and (ii) the conditions*

524 *under which such doses of undesignated glucagon shall be stored, disposed of, and replaced;*

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

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

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

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

538 *K. Any employee of the school board who:*

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

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

551 *L. The Department of Education, in collaboration with the Department of Health, shall develop, make*
552 *available to each school board, and post in a publicly accessible location on its website informational*

553 materials for parents on type 1 diabetes awareness. Each school board shall make such informational
554 materials available to the parent of each student enrolled in the school division at the beginning of each
555 school year. The Department of Education, in collaboration with the Department of Health, shall review and
556 update such informational materials as necessary. Such informational materials shall include:

557 1. A description of type 1 diabetes;

558 2. A description of the risk factors and warning signs associated with type 1 diabetes;

559 3. Guidance for parents on actions to take if a child displays any warning signs associated with type 1
560 diabetes, including a recommendation that any parent who suspects his child is displaying any warning signs
561 associated with type 1 diabetes should immediately consult with his child's primary care provider to
562 determine if immediate screening for type 1 diabetes is appropriate;

563 4. A description of the screening process for type 1 diabetes and the implications of test results; and

564 5. A recommendation that following a type 1 diabetes diagnosis, the parent should consult with the child's
565 primary care provider to develop an appropriate treatment plan, which may include consultation with a
566 medical specialist, such as an endocrinologist.

567 M. The Department of Education shall develop and post in a publicly accessible location on its website g
568 uidance for any parent of a child who receives a diagnosis as having diabetes relating to the school-based
569 supports and services available for students with type 1 diabetes, including information on the options,
570 policies, and procedures relating to diabetes care and management in a school setting, including information
571 detailing the process for and the benefits of developing and implementing a DMMP for his child in
572 accordance with the provisions of this section.

573 N. Nothing in this section shall require any employee (i) who is not a school nurse or other employee with
574 a specific duty to deliver health-related services to assist with the insertion or reinsertion of ~~the~~ a student's
575 insulin pump, continuous glucose monitor, or any ~~of its~~ parts or components thereof or (ii) who is designated
576 as level three trained diabetes personnel to perform any diabetes care and management services at any time
577 outside of a school setting. With the exception of school administrative personnel and employees of the school
578 board who have a specific duty to deliver health-related services, no employee of the school board shall be
579 disciplined, placed on probation, or dismissed on the basis of such employee's refusal to obtain training in
580 the administration of insulin and glucagon.

581 § 22.1-274.2. Possession and administration of inhaled asthma medications and epinephrine by

582 **certain students or school board employees.**

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

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

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

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

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

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

609 6. Disclosure or dissemination of information pertaining to the health condition of a student to school
610 board employees to comply with §§ 22.1-287 and 22.1-289 and the federal Family Education Rights and

611 Privacy Act of 1974, as amended, 20 U.S.C. § 1232g, which govern the disclosure and dissemination of
612 information contained in student scholastic records.

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

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

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

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

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

638 ~~2. The conditions under which doses of such undesignated glucagon shall be stored, replaced, and~~
639 ~~disposed;~~

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

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

644 F. Any public elementary or secondary school may maintain a supply of nasal or injectable glucagon in
645 any secure location that is immediately accessible to any school nurse or other employee trained in the
646 administration of nasal and injectable glucagon prescribed to the school by a prescriber, as defined in §
647 54.1-3401. Any such school shall ensure that such a supply consists of at least two doses. Any school nurse
648 or other authorized employee who is trained in the administration of nasal and injectable glucagon consistent
649 with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for
650 Unlicensed Personnel published by the Department may administer nasal or injectable glucagon from
651 undesignated inventory with parental consent and if the student's prescribed glucagon is not available on
652 school grounds or has expired.

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

657 **§ 22.1-275.1. School health advisory board.**

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

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

668 C. The local school board may request that the school health advisory board recommend to the local

669 school board procedures relating to children with acute or chronic illnesses or conditions, including; ~~but not~~
670 ~~limited to~~, appropriate emergency procedures for any life-threatening conditions and designation of school
671 personnel to implement the appropriate emergency procedures. The procedures relating to children with acute
672 or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the
673 schools within the jurisdiction.

674 *D. Any school health advisory board that includes at least one member who is the parent of a student with*
675 *diabetes may establish a diabetes parent task force, consisting of parents of students diagnosed with diabetes*
676 *enrolled in any school in the school division, for the purpose of providing to the school health advisory board*
677 *input relating to appropriate emergency procedures for diabetes-related emergencies, the designation of*
678 *school personnel to implement such emergency procedures, and policies and procedures for ensuring*
679 *consistency of diabetes care and management strategies between home and school.*

680 **§ 54.1-2901. Exceptions and exemptions generally.**

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

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

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

686 3. Any licensed advanced practice registered nurse from rendering care in accordance with the provisions
687 of §§ 54.1-2957 and 54.1-2957.01, any advanced practice registered nurse licensed by the Boards of
688 Medicine and Nursing in the category of certified nurse midwife practicing pursuant to subsection H of §
689 54.1-2957, or any advanced practice registered nurse licensed by the Boards of Medicine and Nursing in the
690 category of clinical nurse specialist practicing pursuant to subsection J of § 54.1-2957 when such services are
691 authorized by regulations promulgated jointly by the Boards of Medicine and Nursing;

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

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

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

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

709 8. The domestic administration of family remedies;

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

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

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

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

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

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

726 15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally

727 licensed practitioners in this Commonwealth;

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

736 17. The performance of the duties of any active duty health care provider in active service in the army,
737 navy, coast guard, marine corps, air force, space force, or public health service of the United States at any
738 public or private health care facility while such individual is so commissioned or serving and in accordance
739 with his official military duties;

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

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

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

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

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

752 23. Any person from engaging in the five needle auricular acupuncture protocol (5NP), a standardized
753 five needle protocol wherein up to five needles are inserted into the external human ear to provide relief from
754 the effects of behavioral health conditions, provided such person (i) has appropriate training in the 5NP,
755 including training established by the National Acupuncture Detoxification Association or equivalent

756 certifying body; (ii) does not use any letters, words, or insignia indicating or implying that the person is an
757 acupuncturist; and (iii) makes no statements implying that his practice of the 5NP is licensed, certified, or
758 otherwise overseen by the Commonwealth. Treatment utilizing the 5NP pursuant to this subdivision shall be
759 strictly limited to the insertion of disposable, sterile acupuncture needles into the ear and only in compliance
760 with the 5NP. The application or insertion of needles anywhere else on the body of another person by a
761 person acting under the provisions of this subdivision shall be considered engaging in the practice of
762 acupuncture without a license;

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

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

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

776 27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free
777 health care to an underserved population of Virginia who (i) does not regularly practice his profession in
778 Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory,
779 district or possession of the United States, (iii) volunteers to provide free health care to an underserved area
780 of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that
781 sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or
782 certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days
783 prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges,
784 in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations,

785 during the limited period that such free health care is made available through the volunteer, nonprofit
786 organization on the dates and at the location filed with the Board. The Board may deny the right to practice in
787 Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or
788 revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws
789 or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria
790 to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit
791 organization verifies that the practitioner has a valid, unrestricted license in another state;

792 28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of
793 sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in
794 § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated
795 Laboratories or other public health laboratories, designated by the State Health Commissioner, for the
796 purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

797 29. Any physician of medicine or osteopathy or advanced practice registered nurse from delegating to a
798 registered nurse under his supervision the screening and testing of children for elevated blood-lead levels
799 when such testing is conducted (i) in accordance with a written protocol between the physician or advanced
800 practice registered nurse and the registered nurse and (ii) in compliance with the Board of Health's
801 regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be
802 conducted at the direction of a physician or an advanced practice registered nurse;

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

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

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

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

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

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

840 For purposes of this subdivision, if such practitioner with whom the patient has previously established a
841 practitioner-patient relationship is unavailable at the time in which the patient seeks continuity of care,
842 another practitioner of the same subspecialty at the same practice group with access to the patient's treatment

843 history may provide continuity of care using telemedicine services until the practitioner with whom the
844 patient has a previously established practitioner-patient relationship becomes available. For the purposes of
845 this subdivision, "practitioner of the same subspecialty" means a practitioner who utilizes the same
846 subspecialty taxonomy code designation for claims processing.

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

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

859 **§ 54.1-3001. Exemptions.**

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

861 1. The furnishing of nursing assistance in an emergency;

862 2. The practice of nursing, which is prescribed as part of a study program, by nursing students enrolled in
863 nursing education programs approved by the Board or by graduates of approved nursing education programs
864 for a period not to exceed ninety days following successful completion of the nursing education program
865 pending the results of the licensing examination, provided proper application and fee for licensure have been
866 submitted to the Board and unless the graduate fails the licensing examination within the 90-day period;

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

869 4. The practice of nursing by a nurse who holds a current unrestricted license in another state, the District
870 of Columbia, a United States possession or territory, or who holds a current unrestricted license in Canada
871 and whose training was obtained in a nursing school in Canada where English was the primary language, for

872 a period of 30 days pending licensure in Virginia, if the nurse, upon employment, has furnished the employer
873 satisfactory evidence of current licensure and submits proper application and fees to the Board for licensure
874 before, or within 10 days after, employment. At the discretion of the Board, additional time may be allowed
875 for nurses currently licensed in another state, the District of Columbia, a United States possession or territory,
876 or Canada who are in the process of attaining the qualification for licensure in this Commonwealth;

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

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

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

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

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

896 10. The practice of nursing by any nurse who is a graduate of a foreign nursing school and has met the
897 credential, language, and academic testing requirements of the Commission on Graduates of Foreign Nursing
898 Schools for a period not to exceed ninety days from the date of approval of an application submitted to the
899 Board when such nurse is working as a nonsupervisory staff nurse in a licensed nursing home or certified
900 nursing facility. During such ninety-day period, such nurse shall take and pass the licensing examination to

901 remain eligible to practice nursing in Virginia; no exemption granted under this subdivision shall be
902 extended;

903 11. The practice of nursing by any nurse rendering free health care to an underserved population in
904 Virginia who (i) does not regularly practice nursing in Virginia, (ii) holds a current valid license or
905 certification to practice nursing in another state, territory, district or possession of the United States, (iii)
906 volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a
907 publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to
908 populations of underserved people, (iv) files a copy of the license or certification issued in such other
909 jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision
910 of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure
911 exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such
912 free health care is made available through the volunteer, nonprofit organization on the dates and at the
913 location filed with the Board. The Board may deny the right to practice in Virginia to any nurse whose
914 license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is
915 otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a nurse
916 who meets the above criteria to provide volunteer services without prior notice for a period of up to three
917 days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in
918 another state;

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

922 13. The practice of nursing by any nurse who holds a current unrestricted license from another state, the
923 District of Columbia or a United States possession or territory, while such nurse is in the Commonwealth
924 temporarily and is practicing nursing in a summer camp or in conjunction with clients who are participating
925 in specified recreational or educational activities;

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

930 educational program;

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

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

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

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

944 B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as
945 defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services
946 pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist or the chief
947 medical officer of an organization participating in such program. The chief medical officer of an organization
948 participating in a program established pursuant to § 2.2-2001.4 may, in consultation with the chief nursing
949 officer of such organization, designate a registered nurse licensed by the Board or practicing with a multistate
950 licensure privilege to supervise military personnel participating in a program established pursuant to §
951 2.2-2001.4 in the practice of nursing.

952 **§ 54.1-3408. Professional use by practitioners.**

953 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced
954 practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04,
955 a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5
956 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good
957 faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife
958 pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for

959 medicinal or therapeutic purposes within the course of his professional practice.

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

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

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

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

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

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

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

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

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

987 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional

988 practice, any school nurse, school board employee, employee of a local governing body, or employee of a
989 local health department who is authorized by a prescriber and trained in the administration of epinephrine
990 may possess and administer epinephrine.

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

999 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1000 practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the
1001 Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as
1002 administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in
1003 the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or
1004 nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student
1005 diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed
1006 to be experiencing or about to experience an asthmatic crisis.

1007 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1008 practice, any nurse at an early childhood care and education entity, employee at the entity, or employee of a
1009 local health department who is authorized by a prescriber and trained in the administration of epinephrine
1010 may possess and administer epinephrine.

1011 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1012 practice, any employee of a public institution of higher education or a private institution of higher education
1013 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer
1014 epinephrine.

1015 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1016 practice, any employee of an organization providing outdoor educational experiences or programs for youth

1017 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer
1018 epinephrine.

1019 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1020 practice, and in accordance with policies and guidelines established by the Department of Health, such
1021 prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of
1022 Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is
1023 employed, provided that such person is trained in the administration of epinephrine.

1024 Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of
1025 a provider licensed by the Department of Behavioral Health and Developmental Services or a person
1026 providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health
1027 and Developmental Services may possess and administer epinephrine, provided such person is authorized and
1028 trained in the administration of epinephrine.

1029 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional
1030 practice, any employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is
1031 authorized by a prescriber and trained in the administration of epinephrine may possess and administer
1032 epinephrine.

1033 Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his
1034 professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen for
1035 administration in treatment of emergency medical conditions.

1036 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
1037 his professional practice, such prescriber may authorize licensed physical therapists to possess and administer
1038 topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

1039 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
1040 his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer
1041 topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV saline for use in
1042 emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in emergency cases of
1043 anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

1044 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
1045 his professional practice, and in accordance with policies and guidelines established by the Department of

1046 Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses
1047 under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative
1048 (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent
1049 with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing
1050 transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently
1051 implemented standards of the Occupational Safety and Health Administration and the Department of Labor
1052 and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines.
1053 Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be
1054 administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The
1055 prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in
1056 the practice and principles underlying tuberculin screening.

1057 The Health Commissioner or his designee may authorize registered nurses, acting as agents of the
1058 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein
1059 derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies
1060 established by the Department of Health.

1061 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
1062 professional practice, *including an order issued by the prescriber as a part of a student's diabetes medical*
1063 *management plan pursuant to § 22.1-274.01:1*, such prescriber may authorize, with the consent of the parents
1064 as defined in § 22.1-1, an employee of (i) a school board; *who is as designated level three trained diabetes*
1065 *personnel pursuant to § 22.1-274.01:1 or* (ii) a school for students with disabilities as defined in § 22.1-319
1066 licensed by the Board of Education; or ~~(iii)~~ a private school accredited pursuant to § 22.1-19 as administered
1067 by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to
1068 *administer or* assist with the administration of insulin or ~~administer~~ glucagon to a student diagnosed as
1069 having diabetes and who requires insulin injections during the school day or for whom glucagon has been
1070 prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a
1071 licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not *physically*
1072 present to perform the administration of the medication.

1073 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
1074 professional practice, *including an order issued by the prescriber as a part of a student's diabetes medical*

1075 *management plan pursuant to § 22.1-274.01:1*, such prescriber may authorize the possession and
1076 administration of undesignated glucagon as set forth in subsection ~~F I~~ of § ~~22.1-274.2~~ *22.1-274.01:1*.

1077 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
1078 professional practice, such prescriber may authorize an employee of a public institution of higher education
1079 or a private institution of higher education who is trained in the administration of insulin and glucagon to
1080 assist with the administration of insulin or administration of glucagon to a student diagnosed as having
1081 diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency
1082 treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, an advanced
1083 practice registered nurse, a physician, or a physician assistant is not present to perform the administration of
1084 the medication.

1085 Pursuant to a written order issued by the prescriber within the course of his professional practice, such
1086 prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and
1087 Developmental Services or a person providing services pursuant to a contract with a provider licensed by the
1088 Department of Behavioral Health and Developmental Services to assist with the administration of insulin or
1089 to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for
1090 whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee
1091 or person providing services has been trained in the administration of insulin and glucagon.

1092 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
1093 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not
1094 physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under
1095 the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established
1096 protocols of the Department of Health may authorize the administration of vaccines to any person by a
1097 pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support
1098 certificate issued by the Commissioner of Health under the direction of an operational medical director when
1099 the prescriber is not physically present. The emergency medical services provider shall provide
1100 documentation of the vaccines to be recorded in the Virginia Immunization Information System.

1101 J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision
1102 by either a dental hygienist or by an authorized agent of the dentist.

1103 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the

1104 course of his professional practice, a dentist may authorize a dental hygienist under his general supervision,
1105 as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of § 54.1-2722, to
1106 possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied
1107 antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug
1108 approved by the Board of Dentistry.

1109 In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI
1110 nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local
1111 anesthesia.

1112 K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
1113 his professional practice, such prescriber may authorize registered professional nurses certified as sexual
1114 assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess
1115 and administer preventive medications for victims of sexual assault as recommended by the Centers for
1116 Disease Control and Prevention.

1117 L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed
1118 a training program for this purpose approved by the Board of Nursing and who administers such drugs in
1119 accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration,
1120 and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record
1121 keeping, when the drugs administered would be normally self-administered by (i) an individual receiving
1122 services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a
1123 resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility
1124 approved by the Board or Department of Juvenile Justice for the placement of children in need of services or
1125 delinquent or alleged delinquent youth; (iv) a program participant of an adult day center licensed by the
1126 Department of Social Services; (v) a resident of any facility authorized or operated by a state or local
1127 government whose primary purpose is not to provide health care services; (vi) a resident of a private
1128 children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services,
1129 Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student
1130 in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

1131 In addition, this section shall not prevent a person who has successfully completed a training program for
1132 the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been

1133 evaluated by a registered nurse as having demonstrated competency in administration of drugs via
1134 percutaneous gastrostomy tube from administering drugs to a person receiving services from a program
1135 licensed by the Department of Behavioral Health and Developmental Services to such person via
1136 percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous
1137 gastrostomy tube shall be evaluated semiannually by a registered nurse.

1138 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of
1139 Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living
1140 facility licensed by the Department of Social Services. A registered medication aide shall administer drugs
1141 pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and
1142 manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to
1143 security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan;
1144 and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

1145 N. In addition, this section shall not prevent the administration of drugs by a person who administers such
1146 drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of
1147 administration and with written authorization of a parent, and in accordance with school board regulations
1148 relating to training, security and record keeping, when the drugs administered would be normally self-
1149 administered by a student of a Virginia public school. Training for such persons shall be accomplished
1150 through a program approved by the local school boards, in consultation with the local departments of health.

1151 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child
1152 day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local government
1153 pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as
1154 administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily
1155 completed a training program for this purpose approved by the Board of Nursing and taught by a registered
1156 nurse, a licensed practical nurse, an advanced practice registered nurse, a physician assistant, a doctor of
1157 medicine or osteopathic medicine, or a pharmacist; (b) has obtained written authorization from a parent or
1158 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the
1159 prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers
1160 only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that
1161 would normally be self-administered by the child or student, or administered by a parent or guardian to the

1162 child or student.

1163 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
1164 persons if they are authorized by the State Health Commissioner in accordance with protocols established by
1165 the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a
1166 state of emergency, the United States Secretary of Health and Human Services has issued a declaration of an
1167 actual or potential bioterrorism incident or other actual or potential public health emergency, or the Board of
1168 Health has made an emergency order pursuant to § 32.1-13 for the purpose of suppressing nuisances
1169 dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to
1170 the public life and health and for the limited purpose of administering vaccines as an approved
1171 countermeasure for such communicable, contagious, and infectious diseases; (ii) it is necessary to permit the
1172 provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely
1173 administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or
1174 devices under the direction, control, and supervision of the State Health Commissioner.

1175 Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by unlicensed
1176 individuals to a person in his private residence.

1177 R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his
1178 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to
1179 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid
1180 prescriptions.

1181 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care
1182 technicians who are certified by an organization approved by the Board of Health Professions or persons
1183 authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course
1184 of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site
1185 anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of
1186 facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a
1187 licensed physician, an advanced practice registered nurse, or a physician assistant and under the immediate
1188 and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a
1189 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the
1190 clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee

1191 is identified as a "trainee" while working in a renal dialysis facility.

1192 The dialysis care technician or dialysis patient care technician administering the medications shall have
1193 demonstrated competency as evidenced by holding current valid certification from an organization approved
1194 by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

1195 T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be
1196 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

1197 U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber
1198 may authorize the administration of controlled substances by personnel who have been properly trained to
1199 assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous,
1200 intrathecal, or epidural administration and the prescriber remains responsible for such administration.

1201 V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, osteopathic
1202 medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral or written order
1203 or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

1204 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize
1205 the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed
1206 practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical
1207 services provider who holds an advanced life support certificate issued by the Commissioner of Health when
1208 the prescriber is not physically present.

1209 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by
1210 a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
1211 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
1212 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
1213 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a
1214 health care provider providing services in a hospital emergency department, and emergency medical services
1215 personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for
1216 overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to
1217 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to
1218 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.
1219 Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science,

1220 employees of the Office of the Chief Medical Examiner, employees of the Department of General Services
1221 Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the
1222 Director of the Department of Corrections or designated as probation and parole officers or as correctional
1223 officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and
1224 parole officers or as juvenile correctional officers, employees of regional jails, employees of any state agency,
1225 school nurses, local health department employees that are assigned to a public school pursuant to an
1226 agreement between the local health department and the school board, school board employees who have
1227 completed training and are certified in the administration of an opioid antagonist for overdose reversal by a
1228 program administered or authorized by the Department of Health, other school board employees or
1229 individuals contracted by a school board to provide school health services, and firefighters may also possess
1230 and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or
1231 other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a
1232 prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with
1233 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
1234 Department of Health.

1235 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a
1236 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
1237 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
1238 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
1239 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person
1240 may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than
1241 naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols
1242 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
1243 Health.

1244 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an
1245 organization that provides services to individuals at risk of experiencing an opioid overdose or training in the
1246 administration of naloxone for overdose reversal may dispense naloxone, provided that such dispensing is (i)
1247 pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols developed by the
1248 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. If the person

1249 acting on behalf of an organization dispenses naloxone in an injectable formulation with a hypodermic needle
1250 or syringe, he shall first obtain authorization from the Department of Behavioral Health and Developmental
1251 Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic
1252 needle or syringe, and he shall obtain a controlled substance registration from the Board of Pharmacy. The
1253 Board of Pharmacy shall not charge a fee for the issuance of such controlled substance registration. The
1254 dispensing may occur at a site other than that of the controlled substance registration provided the entity
1255 possessing the controlled substances registration maintains records in accordance with regulations of the
1256 Board of Pharmacy. No person who dispenses naloxone on behalf of an organization pursuant to this
1257 subsection shall charge a fee for the dispensing of naloxone that is greater than the cost to the organization of
1258 obtaining the naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection
1259 may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about
1260 to experience a life-threatening opioid overdose.

1261 Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for
1262 overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person
1263 who is believed to be experiencing or about to experience a life-threatening opioid overdose.

1264 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
1265 professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an
1266 employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by
1267 the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the
1268 Virginia Council for Private Education who is trained in the administration of injected medications for the
1269 treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such
1270 medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed
1271 to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a
1272 licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present to
1273 perform the administration of the medication.

1274 **2. That the Department of Education, in collaboration with the Department of Health and the Board of**
1275 **Medicine, shall review and revise in accordance with the provisions of this act the Diabetes**
1276 **Management in School: Manual for Unlicensed Personnel published by the Department of Education.**

1277 **3. That the Board of Education shall promulgate and amend any regulations as necessary in**

1278 accordance with the provisions of this act.

1279 **4. That the Department of Education, in collaboration with the Department of Health, shall make**
1280 **available to each school board by September 1, 2025, a list of all training programs, curricula, courses,**
1281 **or modules approved by the Department of Education and the Department of Health, for the purposes**
1282 **of providing each level of diabetes care and management training required pursuant to subsection F of**
1283 **§ 22.1-274.01:1 of the Code of Virginia, as amended by this act.**