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SENATE BILL NO. 1036  
AMENDMENT IN THE NATURE OF A SUBSTITUTE  
(Proposed by the Senate Committee on Education and Health  
on \_\_\_\_\_)  
(Patron Prior to Substitute—Senator Pekarsky)

*A BILL to amend and reenact §§ 8.01-225, 22.1-274.2, 22.1-274.6, and 54.1-3408 of the Code of Virginia, relating to seizure rescue medications; administration by certain employees; possession by certain students.*

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 8.01-225, 22.1-274.2, 22.1-274.6, and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:**

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

A. Any person who:

1. In good faith, renders emergency care or assistance, without compensation, to any ill or injured person (i) at the scene of an accident, fire, or any life-threatening emergency; (ii) at a location for screening or stabilization of an emergency medical condition arising from an accident, fire, or any life-threatening emergency; or (iii) en route to any hospital, medical clinic, or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance. For purposes of this subdivision, emergency care or assistance includes the forcible entry of a motor vehicle in order to remove an unattended minor at risk of serious bodily injury or death, provided the person has attempted to contact a law-enforcement officer, as defined in § 9.1-101, a firefighter, as defined in § 65.2-102, emergency medical services personnel, as defined in § 32.1-111.1, or an emergency 911 system, if feasible under the circumstances.

2. In the absence of gross negligence, renders emergency obstetrical care or assistance to a female in active labor who has not previously been cared for in connection with the pregnancy by such person or by another professionally associated with such person and whose medical records are not reasonably available to such person shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care or assistance. The immunity herein granted shall apply only to the emergency medical care provided.

3. In good faith and without compensation, including any emergency medical services provider who holds

31 a valid certificate issued by the Commissioner of Health, administers epinephrine in an emergency to an  
32 individual shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from  
33 the rendering of such treatment if such person has reason to believe that the individual receiving the injection  
34 is suffering or is about to suffer a life-threatening anaphylactic reaction.

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

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

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

58 7. Operates an AED at the scene of an emergency, trains individuals to be operators of AEDs, or orders  
59 AEDs, shall be immune from civil liability for any personal injury that results from any act or omission in the

60 use of an AED in an emergency where the person performing the defibrillation acts as an ordinary,  
61 reasonably prudent person would have acted under the same or similar circumstances, unless such personal  
62 injury results from gross negligence or willful or wanton misconduct of the person rendering such emergency  
63 care.

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

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

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

88 11. Is an employee of (i) a school board, (ii) a school for students with disabilities as defined in §

89 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as  
90 administered by the Virginia Council for Private Education and is authorized by a prescriber and trained in  
91 the administration of insulin and glucagon, who, upon the written request of the parents as defined in § 22.1-1  
92 , assists with the administration of insulin or, in the case of a school board employee, with the insertion or  
93 reinsertion of an insulin pump or any of its parts pursuant to subsection B of § 22.1-274.01:1 or administers  
94 glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day or  
95 for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for  
96 any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment  
97 if the insulin is administered according to the child's medication schedule or such employee has reason to  
98 believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening  
99 hypoglycemia. Whenever any such employee is covered by the immunity granted herein, the school board or  
100 school employing him shall not be liable for any civil damages for ordinary negligence in acts or omissions  
101 resulting from the rendering of such insulin or glucagon treatment.

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

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

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

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

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

142 17. Is an employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1, is  
143 authorized by a prescriber and trained in the administration of epinephrine, and provides, administers, or  
144 assists in the administration of epinephrine to an individual believed in good faith to be having an  
145 anaphylactic reaction on the premises of the restaurant at which the employee is employed, or is the  
146 prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or

147 omissions resulting from the rendering of such treatment.

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

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

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

173 21. In good faith administers naloxone or other opioid antagonist used for overdose reversal to a person  
174 who is believed to be experiencing or about to experience a life-threatening opioid overdose in accordance  
175 with the provisions of subsection Z of § 54.1-3408 shall not be liable for any civil damages for any personal

176 injury that results from any act or omission in the administration of naloxone or other opioid antagonist used  
177 for overdose reversal, unless such act or omission was the result of gross negligence or willful and wanton  
178 misconduct.

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

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

195 24. Is an employee of a public place, as defined in § 15.2-2820, who is authorized by a prescriber and  
196 trained in the administration of epinephrine and who administers or assists in the administration of  
197 epinephrine to a person present in the public place believed in good faith to be having an anaphylactic  
198 reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary  
199 negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is  
200 covered by the immunity granted in this subdivision, the organization shall not be liable for any civil  
201 damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

202 25. Is a nurse at an early childhood care and education entity, employee at the entity, or employee of a  
203 local health department who is authorized by a prescriber and trained in the administration of epinephrine and  
204 who provides, administers, or assists in the administration of epinephrine to a child believed in good faith to

205 be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil  
206 damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

207 *26. Is an employee of (i) a school board, (ii) a school for students with disabilities as defined in §*  
208 *22.1-319 licensed by the Board of Education, (iii) a private school accredited pursuant to § 22.1-19 as*  
209 *administered by the Virginia Council for Private Education, (iv) a local governing body, or (v) a local health*  
210 *department who is trained in the administration of seizure rescue medications for the treatment of seizures*  
211 *resulting from a condition causing seizures and who administers or assists in the administration of such*  
212 *medications to a student diagnosed with a condition causing seizures when the student is believed to be*  
213 *experiencing or about to experience a seizure in accordance with subsection BB of § 54.1-3408 and pursuant*  
214 *to a written order or standing protocol issued by a prescriber within the course of his professional practice*  
215 *and in accordance with the prescriber's instructions shall not be liable for any civil damages for ordinary*  
216 *negligence in acts or omissions resulting from the rendering of such treatment.*

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

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

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

233 Any licensed physician serving without compensation as a medical advisor to an E-911 system in the



234 Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering  
235 medical advice in good faith to establish protocols to be used by the personnel of the E-911 service, as  
236 defined in § 58.1-1730, when answering emergency calls unless such act or omission was the result of such  
237 physician's gross negligence or willful misconduct.

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

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

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

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

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

262 E. For the purposes of this section, "compensation" shall not be construed to include (i) the salaries of

263 police, fire, or other public officials or personnel who render such emergency assistance; (ii) the salaries or  
264 wages of employees of a coal producer engaging in emergency medical services or first aid services pursuant  
265 to the provisions of § 45.2-531, 45.2-579, 45.2-863 or 45.2-910; (iii) complimentary lift tickets, food,  
266 lodging, or other gifts provided as a gratuity to volunteer members of the National Ski Patrol System, Inc., by  
267 any resort, group, or agency; (iv) the salary of any person who (a) owns an AED for the use at the scene of an  
268 emergency, (b) trains individuals, in courses approved by the Board of Health, to operate AEDs at the scene  
269 of emergencies, (c) orders AEDs for use at the scene of emergencies, or (d) operates an AED at the scene of  
270 an emergency; or (v) expenses reimbursed to any person providing care or assistance pursuant to this section.

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

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

277 **§ 22.1-274.2. Possession and administration of inhaled asthma medications, epinephrine, glucagon,**  
278 **and seizure rescue medications by certain students or school board employees.**

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

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

286 2. Written notice from the student's primary care provider or medical specialist, or a licensed physician or  
287 licensed advanced practice registered nurse, that (i) identifies the student; (ii) states that the student has a  
288 diagnosis of asthma or anaphylaxis, or both, and has approval to self-administer inhaled asthma medications  
289 or auto-injectable epinephrine, or both, as the case may be, that have been prescribed or authorized for the  
290 student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered  
291 and certain circumstances which may warrant the use of inhaled asthma medications or auto-injectable

292 epinephrine, such as before exercising or engaging in physical activity to prevent the onset of asthma  
293 symptoms or to alleviate asthma symptoms after the onset of an asthma episode; and (iv) attests to the  
294 student's demonstrated ability to safely and effectively self-administer inhaled asthma medications or auto-  
295 injectable epinephrine, or both, as the case may be.

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

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

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

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

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

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

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

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

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

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

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

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

340 F. Any public elementary or secondary school may maintain a supply of nasal or injectable glucagon in  
341 any secure location that is immediately accessible to any school nurse or other employee trained in the  
342 administration of nasal and injectable glucagon prescribed to the school by a prescriber, as defined in §  
343 54.1-3401. Any such school shall ensure that such a supply consists of at least two doses. Any school nurse  
344 or other authorized employee who is trained in the administration of nasal and injectable glucagon consistent  
345 with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for  
346 Unlicensed Personnel published by the Department may administer nasal or injectable glucagon from  
347 undesignated inventory with parental consent and if the student's prescribed glucagon is not available on  
348 school grounds or has expired.

349 G. Any school board may accept donations of nasal or injectable glucagon from a wholesale distributor of

350 glucagon or donations of money from any individual to purchase nasal or injectable glucagon for the purpose  
351 of maintenance and administration in a public school in the local school division as permitted pursuant to  
352 subsection F.

353 *H. Any school board may adopt and implement policies:*

354 *1. Permitting any student enrolled in any secondary school in the local school division who has a*  
355 *diagnosis of a condition causing seizures to possess seizure rescue medications during the school day, at*  
356 *school-sponsored activities, or while on a school bus or other school property if (i) the student's parent has*  
357 *submitted a seizure management and action plan in accordance with § 22.1-274.6 that includes written*  
358 *consent of the parent and written approval of the student's primary care provider for such self-possession*  
359 *and (ii) the school nurse has been notified of such self-possession; or*

360 *2. For the administration of seizure rescue medications to any student enrolled in any elementary or*  
361 *secondary school in the local school division who has a diagnosis of a condition causing seizures, consistent*  
362 *with the provisions of subsection BB of § 54.1-3408.*

363 **§ 22.1-274.6. Seizure management and action plan; training.**

364 A. The parent or guardian of a student with a diagnosed seizure disorder may submit to the local school  
365 division a seizure management and action plan developed by the student's treating physician for review by  
366 school division employees with whom the student has regular contact. The seizure management and action  
367 plan shall (i) identify the health care services the student may receive at school or while participating in a  
368 school activity, (ii) identify seizure-related medication prescribed to the student that must be administered in  
369 the event of a seizure, *including those administered in compliance with subdivision H 2 of § 22.1-274.2 and*  
370 *subsection BB of § 54.1-3408*, (iii) evaluate the student's ability to manage and understand his seizure  
371 disorder, and (iv) be signed by the student's parent or guardian, the student's treating physician, and the  
372 school nurse. Each such seizure management and action plan shall state that (a) such plan is separate from  
373 any individualized education program (IEP) or Section 504 Plan that is in place for the student and (b)  
374 nothing in such plan shall be construed to abrogate any provision of any IEP or Section 504 Plan that is in  
375 place for the student.

376 B. Each local school division shall require all school nurses employed by the division to complete, on a  
377 biennial basis, a Board of Education-approved online course of instruction for school nurses regarding  
378 treating students with seizures and seizure disorders that includes information about seizure recognition and

379 related first aid. Approved training programs shall be fully consistent with training programs and guidelines  
380 developed by the Epilepsy Foundation of America and any successor organization.

381 C. Each local school division shall require all employees whose duties include regular contact with  
382 students to complete, on a biennial basis, a Board of Education-approved online course of instruction for  
383 school employees regarding treating students with seizures and seizure disorders that includes information  
384 about seizure recognition and related first aid. Approved training programs shall be fully consistent with  
385 training programs and guidelines developed by the Epilepsy Foundation of America and any successor  
386 organization.

387 **§ 54.1-3408. Professional use by practitioners.**

388 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced  
389 practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04,  
390 a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5  
391 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good  
392 faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife  
393 pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for  
394 medicinal or therapeutic purposes within the course of his professional practice.

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

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

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

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

406 4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have a  
407 valid emergency medical services provider certification issued by the Board of Health as a requirement of

408 being employed or engaged at the medical care facility within the scope of such certification, pursuant to an  
409 oral or written order or standing protocol to administer drugs and devices at the medical care facility; or

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

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

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

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

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

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

434 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional  
435 practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the  
436 Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as

437 administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in  
438 the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or  
439 nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student  
440 diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed  
441 to be experiencing or about to experience an asthmatic crisis.

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

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

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

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

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

464 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional  
465 practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a prescriber and



466 trained in the administration of epinephrine may possess and administer epinephrine.

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

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

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

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

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

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

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

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

520 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the  
521 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not  
522 physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under  
523 the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established

524 protocols of the Department of Health may authorize the administration of vaccines to any person by a  
525 pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support  
526 certificate issued by the Commissioner of Health under the direction of an operational medical director when  
527 the prescriber is not physically present. The emergency medical services provider shall provide  
528 documentation of the vaccines to be recorded in the Virginia Immunization Information System.

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

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

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

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

545 L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed  
546 a training program for this purpose approved by the Board of Nursing and who administers such drugs in  
547 accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration,  
548 and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record  
549 keeping, when the drugs administered would be normally self-administered by (i) an individual receiving  
550 services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a  
551 resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility  
552 approved by the Board or Department of Juvenile Justice for the placement of children in need of services or

553 delinquent or alleged delinquent youth; (iv) a program participant of an adult day center licensed by the  
554 Department of Social Services; (v) a resident of any facility authorized or operated by a state or local  
555 government whose primary purpose is not to provide health care services; (vi) a resident of a private  
556 children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services,  
557 Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student  
558 in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

579 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child  
580 day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local government  
581 pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as

582 administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily  
583 completed a training program for this purpose approved by the Board of Nursing and taught by a registered  
584 nurse, a licensed practical nurse, an advanced practice registered nurse, a physician assistant, a doctor of  
585 medicine or osteopathic medicine, or a pharmacist; (b) has obtained written authorization from a parent or  
586 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the  
587 prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers  
588 only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that  
589 would normally be self-administered by the child or student, or administered by a parent or guardian to the  
590 child or student.

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

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

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

609 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care  
610 technicians who are certified by an organization approved by the Board of Health Professions or persons

611 authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course  
612 of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site  
613 anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of  
614 facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a  
615 licensed physician, an advanced practice registered nurse, or a physician assistant and under the immediate  
616 and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a  
617 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the  
618 clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee  
619 is identified as a "trainee" while working in a renal dialysis facility.

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

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

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

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

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

637 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by  
638 a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the  
639 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or

640 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the  
641 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a  
642 health care provider providing services in a hospital emergency department, and emergency medical services  
643 personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for  
644 overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to  
645 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to  
646 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.  
647 Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science,  
648 employees of the Office of the Chief Medical Examiner, employees of the Department of General Services  
649 Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the  
650 Director of the Department of Corrections or designated as probation and parole officers or as correctional  
651 officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and  
652 parole officers or as juvenile correctional officers, employees of regional jails, school nurses, local health  
653 department employees that are assigned to a public school pursuant to an agreement between the local health  
654 department and the school board, other school board employees or individuals contracted by a school board  
655 to provide school health services, and firefighters may also possess and administer naloxone or other opioid  
656 antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for  
657 overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order  
658 issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board  
659 of Pharmacy in consultation with the Board of Medicine and the Department of Health.

660 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a  
661 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the  
662 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or  
663 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the  
664 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person  
665 may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than  
666 naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols  
667 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
668 Health.

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

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

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



698 perform the administration of the medication.

699 *BB. Pursuant to a written order or standing protocol issued by the prescriber within the course of his*  
700 *professional practice, such prescriber may authorize, with the consent of the student's parents as defined in §*  
701 *22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319*  
702 *licensed by the Board of Education, (iii) a private school accredited pursuant to § 22.1-19 as administered by*  
703 *the Virginia Council for Private Education, (iv) a local governing body, or (v) a local health department who*  
704 *is trained in the administration of seizure rescue medications for the treatment of seizures resulting from a*  
705 *condition causing seizures to administer such medications to a student diagnosed with a condition causing*  
706 *seizures when the student is believed to be experiencing or about to experience a seizure. Such authorization*  
707 *shall be effective only when a licensed nurse, an advanced practice registered nurse, a physician, or a*  
708 *physician assistant is not capable of reaching the student within the amount of time necessary to effectively*  
709 *perform the administration of the medication.*

710 **2. That the Virginia Department of Health shall consult with the Department of Education to update**  
711 **the Virginia School Health Guidelines as such agencies deem necessary to provide proper guidance on**  
712 **the implementation of the provisions of this act.**