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SENATE BILL NO. 1303
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the House Committee on Education
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, 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, 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 (†) a:

89 a. A school board; ~~(ii) a~~ and is authorized by a prescriber, including authorized by a prescriber pursuant
90 to an order issued as a part of a student's diabetes medical management plan pursuant to § 22.1-274.01:1,
91 and designated as Level 3 trained diabetes personnel as defined in § 22.1-274.01:1, who, upon consent of the
92 parents as defined in § 22.1-1, administers or assists with the administration of insulin or glucagon to a
93 student diagnosed as having diabetes or assists a student diagnosed as having diabetes with the insertion or
94 reinsertion of an insulin pump, a continuous glucose monitor, or any part or component of an insulin pump
95 or continuous glucose monitor shall not be liable for any civil damages for ordinary negligence in acts or
96 omissions resulting from the rendering of such treatment; or

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

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

111 For the purposes of this subdivision, "employee" includes any person employed by a local health
112 department or contractor who is assigned to the public school pursuant to an agreement between the local
113 health department and the school board.

114 12. Is an employee of a public institution of higher education or a private institution of higher education
115 who is authorized by a prescriber and trained in the administration of insulin and glucagon, who assists with
116 the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires
117 insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia

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

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

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

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

146 16. Is an employee of an organization providing outdoor educational experiences or programs for youth

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

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

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

174 19. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental
175 Services, or provides services pursuant to a contract with a provider licensed by the Department of

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

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

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

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

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

205 be in need of such medication, or is the prescriber of such medication, shall not be liable for any civil
206 damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

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

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

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

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

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

234 such act or omission was the result of such emergency medical services instructor's gross negligence or
235 willful misconduct.

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

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

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

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

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

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

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

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

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

280 **§ 8.01-226.5:1. Civil immunity for employees of a school board supervising self-administration of**
281 **certain medication.**

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

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

295 **§ 22.1-274. School health services.**

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

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

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

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

318 For the purposes of this subsection, "health-related services" means those activities that, when performed
319 in a health care facility, must be delivered by or under the supervision of a licensed or certified professional.
320 *"Health-related services" does not include, pursuant to § 22.1-274.01:1, any diabetes care and management*

321 *services that an employee of a school board who is designated as Level 3 trained diabetes personnel, upon*
322 *parental consent and prescriber authorization, including prescriber authorization included as a part of a*
323 *student's diabetes medical management plan, provides or assists in providing for a student who is diagnosed*
324 *with diabetes.*

325 E. Each school board shall ensure that in school buildings with an instructional and administrative staff of
326 10 or more (i) at least three employees have current certification or training in emergency first aid,
327 cardiopulmonary resuscitation, and the use of an automated external defibrillator and (ii) if one or more
328 students diagnosed as having diabetes attend such school, at least ~~two~~ *three* employees ~~have been trained in~~
329 ~~the administration of insulin and glucagon~~ *are designated as Level 3 trained diabetes personnel pursuant to §*
330 *22.1-274.01:1. In school buildings with an instructional and administrative staff of fewer than 10, school*
331 *boards shall ensure that (a) at least two employees have current certification or training in emergency first*
332 *aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator and (b) if one or more*
333 *students diagnosed as having diabetes attend such school, at least ~~one employee has been trained in the~~*
334 ~~*administration of insulin and glucagon*~~ *two employees are designated as Level 3 trained diabetes personnel*
335 *pursuant to § 22.1-274.01:1. For purposes of this subsection, "employee" includes any person employed by a*
336 *local health department who is assigned to the public school pursuant to an agreement between the local*
337 *health department and the school board.*

338 When a registered nurse, advanced practice registered nurse, physician, or physician assistant is present,
339 no employee who is not a registered nurse, advanced practice registered nurse, physician, or physician
340 assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and
341 parental consent shall be obtained for any employee who is not a registered nurse, advanced practice
342 registered nurse, physician, or physician assistant to assist with the administration of insulin and administer
343 glucagon.

344 **§ 22.1-274.01:1. Students who are diagnosed with diabetes; diabetes medical management plans;**
345 **self-care; support, care, and management by certain employees of school board; policies and**
346 **procedures; requirements; guidelines.**

347 A. *As used in this section:*

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

349 *"Diabetes medical management plan" or "DMMP" means a document signed and developed by the*

350 *physician or other health care provider of a student who is diagnosed with diabetes, in collaboration with the*
351 *parent of such student, that sets out and authorizes the provision of the diabetes care and management*
352 *services that such student may need in a school setting, including the provision of such services by such*
353 *student independently or by certain specified employees of the school board, and includes any orders issued*
354 *by such prescriber that, pursuant to applicable law, are necessary to authorize the administration of insulin*
355 *or glucagon to such student by certain employees of the school board.*

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

358 *"Level 3 trained diabetes personnel" means any employee of the school board who has successfully*
359 *completed Level 3 diabetes care and management training in accordance with the provisions of subsection H.*

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

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

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

371 *B. The parent of any student who is diagnosed with diabetes for whom the parent seeks to receive certain*
372 *diabetes care and management services in a school setting shall submit to such student's school nurse and*
373 *school principal or administrator or a designee thereof who shall be responsible for implementing such*
374 *student's diabetes medical management plan (i) at the beginning of the school year or at the time of such*
375 *student's enrollment, a diabetes medical management plan and (ii) at the beginning of each school year*
376 *thereafter and any time a modification is made, at the discretion of his physician or other health care*
377 *provider and parent, relating to such student's diabetes care and management services, an updated DMMP.*
378 *Any DMMP or updated DMMP shall:*

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

381 *2. Include any prescriber authorizations, written approvals, and orders necessary to perform*
382 *individualized diabetes care and management services set forth in the DMMP and diabetes care and*
383 *management services not addressed in the DMMP, which may include:*

384 *a. An order issued by such student's prescriber authorizing an employee of the school board who is a*
385 *registered nurse or licensed practical nurse to (i) adjust the timing and dosage of insulin and carbohydrates*
386 *within the parameters specified in the DMMP, (ii) consult with such student's parent relating to proposed*
387 *adjustments to insulin administration, carbohydrate timing, dosage, or consumption, and any other diabetes*
388 *care and management services to be provided in a school setting, and (iii) assist, if trained and willing, with*
389 *the insertion or reinsertion of such student's insulin pump, continuous glucose monitor, or any part or*
390 *component thereof. Such order may also include a backup plan setting forth alternative actions to fulfill the*
391 *student's needs in the event that assistance with insertion or reinsertion is not feasible at that time, which*
392 *shall provide that if (a) the trained personnel described in this subdivision are not available at the time*
393 *assistance is required, the school shall follow the backup plan as specified in the order and (b) the employee*
394 *or any Level 3 trained diabetes personnel is unwilling to follow such order, the school shall make an inten-*
395 *tional and ongoing effort to secure a volunteer Level 3 trained diabetes personnel, as set forth in subsection*
396 *H, who is both trained and willing to assist, when possible, in accordance with the backup plan;*

397 *b. Written approval from such prescriber for such student to, pursuant to subsection E, independently*
398 *provide any diabetes care and management services set forth in his DMMP;*

399 *c. An order issued by such student's prescriber authorizing any Level 3 trained diabetes personnel to*
400 *administer insulin or glucagon and, if trained and willing, to assist with the insertion or reinsertion of a*
401 *student's insulin pump, continuous glucose monitor, or any part or component thereof; or*

402 *d. Prescriber authorization or written approval for any Level 3 trained diabetes personnel to provide or*
403 *assist in the provision of any other diabetes care and management services for such student pursuant to such*
404 *student's DMMP;*

405 *3. Upon receipt, be signed on the designated line by the receiving school nurse in acknowledgement of*
406 *receipt; and*

407 *4. Be kept and maintained in a location that can be easily accessed at all times by any school nurse, any*

408 *employee of the school board who is a registered nurse or licensed practical nurse, and any Level 3 trained*
409 *diabetes personnel at such student's school.*

410 *C. The Department of Education, in collaboration with the Virginia Department of Health, shall develop*
411 *a Virginia DMMP Clarification and Documentation Form. The employee who is responsible for*
412 *implementing a student's DMMP may use this form after signing the DMMP to identify areas requiring*
413 *clarification, training, or provisions, or safety concerns. The school shall have 30 days from the date of*
414 *signing the DMMP to resolve documented areas of concern. Interim care strategies, developed with the*
415 *parent and agreed upon by the parent and the school, shall be used without delaying care for other parts of*
416 *the DMMP that are not in question. Parents may assist in providing the interim care only if they are able and*
417 *willing and no parent shall be required to provide such assistance. Such form, if used, shall be updated to*
418 *reflect completed training, provisions, and resolved concerns.*

419 *D. The registered nurse, advanced practice registered nurse, physician, or physician assistant, after*
420 *reviewing the DMMP with the parent, shall (i) develop an Individualized Healthcare Plan (IHP) based on the*
421 *DMMP and the assessment, in accordance with the Diabetes Management in Schools: Manual for*
422 *Unlicensed Personnel published by the Department of Education and the Getting Started with the New*
423 *Diabetes Medical Management Plan (DMMP) document published by the American Diabetes Association,*
424 *and (ii) provide diabetes training to designated staff per the DMMP and such manual and document. Upon*
425 *request of such student's parent, the IHP and any supplemental documents may be shared with any employee*
426 *of the school board with whom such student comes into contact, including any athletics coaches, sponsors of*
427 *extracurricular activities, or other employees in the school setting.*

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

431 *1. Carry with him at all times and use whenever necessary diabetes care and management supplies,*
432 *including (i) a reasonable and appropriate short-term supply of carbohydrates, snacks, and water; (ii) any*
433 *supplies or equipment necessary for diabetes care and management services relating to the monitoring and*
434 *treatment of hypoglycemia and hyperglycemia, including a continuous glucose monitor, a blood glucose*
435 *meter, an insulin pump, and or such other insulin delivery system used by the student, and a glucagon or*
436 *other equipment for immediate treatment of high and low blood glucose levels;; and (iii) any receiver,*

437 including a designated receiver or a receiver application downloaded to a smart phone or other compatible
438 smart device, for the purpose of monitoring and viewing his blood glucose levels in real time; and (ii)

439 2. Independently provide certain diabetes care and management services at any time in a school setting,
440 including by (i) performing a self-check of his own blood glucose levels on a school bus, on school property,
441 and at a school-sponsored activity, (ii) administering insulin through the insulin delivery system such student
442 uses in accordance with his medication schedule set forth in his DMMP or as necessary to treat
443 hyperglycemia, (iii) treating hypoglycemia by administering a glucagon, consuming carbohydrates, or by
444 other means, and (iv) using a cell phone or other personal communication device as necessary to contact his
445 parent, the school, or his health care provider on matters relating to diabetes care and management needs
446 and decisions.

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

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

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

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

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

464 G. The Department of Education and the Department of Health shall approve and each school board may
465 require certain employees of the school board to complete Level 1 and Level 2 training, consistent with the

466 *guidance outlined in the most recent revision of the Diabetes Management in Schools: Manual for*
467 *Unlicensed Personnel published by the Department of Education and in accordance with the following*
468 *requirements:*

469 *1. Level 1 and Level 2 training shall include information relating to the legal limitations on the provision*
470 *of certain diabetes care and management services by individuals who lack the requisite training and*
471 *prescriber authorization and any applicable exceptions, including (i) the immunity to civil liability provided*
472 *pursuant to § 8.01-225 for any acts or omissions resulting from any person, in good faith and without*
473 *compensation, rendering emergency care or assistance to a person experiencing a life-threatening*
474 *emergency and (ii) the immunity to civil liability provided pursuant to § 8.01-226.5:1 for any acts or*
475 *omissions resulting from any employee of a school board, in good faith and without compensation, and in the*
476 *absence of gross negligence or willful misconduct, supervising any student in independently providing any*
477 *diabetes care and management services pursuant to his DMMP.*

478 *2. Level 2 training may be required of any employee of the school board with an extracurricular activity*
479 *sponsorship pursuant to § 22.1-302 or who is otherwise responsible for overseeing any school-sponsored*
480 *activities or programs in the school setting.*

481 *H. Each school board shall ensure that, in schools where one or more students are diagnosed as having*
482 *diabetes, at least two or three employees who are willing to complete the required training are designated as*
483 *Level 3 trained diabetes personnel in accordance with subsection E of § 22.1-274 and consistent with the*
484 *guidance outlined in the most recent revision of the Diabetes Management in Schools: Manual for*
485 *Unlicensed Personnel published by the Department of Education. Individuals who have successfully*
486 *completed Level 3 training may be designated as Level 3 trained diabetes personnel and may be permitted to*
487 *provide or assist in the provision of certain diabetes care and management services for students diagnosed*
488 *with diabetes per their DMMP.*

489 *I. Each school board, in accordance with the guidelines developed by the Board of Education in*
490 *collaboration with the Department of Health and consistent with the guidance outlined in the most recent*
491 *revision of the Diabetes Management in School: Manual for Unlicensed Personnel published by the*
492 *Department of Education, shall develop and each public elementary and secondary school in the school*
493 *division shall implement policies and procedures:*

494 *1. Relating to the diabetes care and management training required pursuant to subsections G and H,*

495 including (i) policies requiring any employee of the school board to complete the requisite level of diabetes
496 care and management training, (ii) procedures for maintaining records of training completion by each
497 employee of the school board, and (iii) procedures for providing such diabetes care and management
498 training to each employee at no cost or reduced cost; and

499 2. Ensuring that each student who is diagnosed as having diabetes is, to the fullest extent possible and in
500 accordance with all state and federal laws and regulations, not deprived of, denied, excluded from, or
501 otherwise limited in the access or opportunity to receive a free and appropriate public education and to
502 participate in any school-sponsored program or activity solely by reason of his diabetes, including policies
503 and procedures for (i) ensuring the timely provision of reasonable accommodations when necessary; (ii)
504 requiring, at any school in which at least one enrolled student is diagnosed as having diabetes, at least one L
505 evel 3 trained diabetes personnel to be physically present and available at all times in a school setting; and
506 (iii) permitting the parent of any student with diabetes to attend any field trip or school-sponsored activity
507 taking place off of school property, regardless of whether a Level 3 trained diabetes personnel will be present
508 at such field trip or school-sponsored activity.

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

514 1. If there is at least one student diagnosed with diabetes who is enrolled in the applicable school and has
515 a DMMP, require at least two doses of undesignated glucagon to be maintained in each such school at all
516 times in a secure location that is immediately accessible to any school nurse or other employee who is a
517 registered nurse or licensed practical nurse who has been trained in the administration of glucagon and any
518 Level 3 trained diabetes personnel;

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

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

523 4. Establish a process for requesting emergency medical services and notifying appropriate personnel

524 *immediately after a dose of such undesignated glucagon is administered.*

525 *K. Any school nurse or other employee of the school board who is a registered nurse or licensed practical*
526 *nurse who has been trained in the administration of glucagon and any Level 3 trained diabetes personnel*
527 *permitted to provide certain diabetes care and management services pursuant to subsection H may, upon*
528 *parental consent and pursuant to prescriber authorization provided in a student's DMMP, administer a dose*
529 *of such undesignated glucagon to a student in the event that such student's prescribed glucagon is*
530 *unavailable or expired.*

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

534 *M. Any employee of the school board who:*

535 *1. Pursuant to subsection H is designated as Level 3 trained diabetes personnel and who, upon parental*
536 *consent and pursuant to prescriber authorization provided in a student's DMMP, administers or assists with*
537 *the administration of insulin or glucagon to such student or assists such student with the insertion or*
538 *reinsertion of an insulin pump, a continuous glucose monitor, or any part or component of an insulin pump*
539 *or continuous glucose monitor shall be immune from any disciplinary action and, pursuant to subdivision A*
540 *11 a of § 8.01-225, shall not be liable for any civil damages for ordinary negligence in acts or omissions*
541 *resulting from providing or assisting such student with providing such diabetes care and management*
542 *services; and*

543 *2. In good faith and without compensation, and in the absence of gross negligence or willful misconduct,*
544 *supervises a student who is diagnosed as having diabetes in independently providing, pursuant to his DMMP,*
545 *any diabetes care and management services shall be immune from any disciplinary action or, pursuant to §*
546 *8.01-226.5:1, shall not be liable for any civil damages for acts or omissions resulting from such supervision.*

547 *N. The Department of Education, in collaboration with the Department of Health, shall develop, make*
548 *available to each school board, and post in a publicly accessible location on its website informational*
549 *materials for parents on type 1 and type 2 diabetes awareness. Each school board shall make such*
550 *informational materials available to the parent of each student enrolled in the school division at the*
551 *beginning of each school year. The Department of Education, in collaboration with the Department of*
552 *Health, shall review and update such informational materials as necessary. Such informational materials*

553 shall include:

554 1. A description of type 1 and type 2 diabetes;

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

556 3. Guidance for parents on actions to take if a child displays any warning signs associated with type 1 or
557 type 2 diabetes, including a recommendation that any parent who suspects his child is displaying any
558 warning signs associated with type 1 or type 2 diabetes should immediately consult with his child's primary
559 care provider to determine if immediate screening for type 1 or type 2 diabetes is appropriate;

560 4. A description of the autoantibody screening process for type 1 diabetes, including informing individuals
561 with a positive result about the ability to follow up with an endocrinologist to monitor progress and
562 determine when treatments to delay a type 1 diabetes diagnosis could be appropriate; and

563 5. A recommendation that following a type 1 or type 2 diabetes diagnosis, the parent should consult with
564 the child's primary care provider to develop an appropriate treatment plan, which may include consultation
565 with a medical specialist such as an endocrinologist.

566 O. The Department of Education shall develop and post in a publicly accessible location on its website g
567 uidance for any parent of a child who receives a diagnosis as having diabetes relating to the school-based
568 supports and services available for students with type 1 or type 2 diabetes, including information on the
569 options, policies, and procedures relating to diabetes care and management in a school setting, including
570 information detailing the process for and the benefits of developing and implementing a DMMP for his child
571 in accordance with the provisions of this section.

572 P. Nothing in this section shall require (i) any employee, including any Level 3 trained diabetes personnel
573 , to assist with the insertion or reinsertion of ~~the~~ a student's insulin pump, continuous glucose monitor, or any
574 ~~of its~~ parts or components thereof or (ii) any Level 3 trained diabetes personnel to perform any diabetes care
575 and management services at any time outside of a school setting. However, no school board shall permit the
576 practice of prohibiting a willing and trained employee, including Level 3 diabetes trained personnel, from
577 providing any such assistance. With the exception of school administrative personnel and employees of the
578 school board who have a specific duty to deliver health-related services, no employee of the school board
579 shall be disciplined, placed on probation, or dismissed on the basis of such employee's refusal to obtain
580 training in the administration of insulin and glucagon.

581 Q. Any employee of a school board who is a certified nurse aide and who has been trained in the

582 administration of insulin, including the use and insertion of insulin pumps, and the administration of
583 glucagon may assist a student who is diagnosed with diabetes and who carries an insulin pump with the
584 insertion or reinsertion of the pump or any parts or components thereof.

585 R. In school divisions where at least one student diagnosed with diabetes is enrolled and a school health
586 advisory board (SHAB) is established pursuant to § 22.1-275.1, parents of such students may establish a
587 Diabetes Parent Task Force. Such task force, composed of parents of students with diabetes within the
588 division, may provide feedback, concerns, and input to inform the SHAB about policies, practices, and
589 procedures impacting diabetes management at school.

590 § 22.1-274.2. Possession and administration of inhaled asthma medications and epinephrine by
591 certain students or school board employees.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

653 F. Any public elementary or secondary school may maintain a supply of nasal or injectable glucagon in
654 any secure location that is immediately accessible to any school nurse or other employee trained in the
655 administration of nasal and injectable glucagon prescribed to the school by a prescriber, as defined in §
656 54.1-3401. Any such school shall ensure that such a supply consists of at least two doses. Any school nurse
657 or other authorized employee who is trained in the administration of nasal and injectable glucagon consistent
658 with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for
659 Unlicensed Personnel published by the Department may administer nasal or injectable glucagon from
660 undesignated inventory with parental consent and if the student's prescribed glucagon is not available on
661 school grounds or has expired.

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

666 **§ 54.1-3408. Professional use by practitioners.**

667 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced
668 practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04,

669 a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5
670 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good
671 faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife
672 pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for
673 medicinal or therapeutic purposes within the course of his professional practice.

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

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

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

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

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

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

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

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

698 heparin and sterile normal saline to use for the maintenance of intravenous access lines.

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

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

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

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

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

725 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
726 practice, any employee of a public institution of higher education or a private institution of higher education

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

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

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

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

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

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

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

753 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
754 his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer
755 topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV saline for use in

756 emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in emergency cases of
757 anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

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

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

775 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
776 professional practice, *including an order issued by the prescriber as a part of a student's diabetes medical*
777 *management plan pursuant to § 22.1-274.01:1*, such prescriber may authorize, with the consent of the parents
778 as defined in § 22.1-1, an employee of (i) a school board; *who is a designated Level 3 trained diabetes*
779 *personnel pursuant to § 22.1-274.01:1 or* (ii) a school for students with disabilities as defined in § 22.1-319
780 licensed by the Board of Education; or ~~(iii)~~ a private school accredited pursuant to § 22.1-19 as administered
781 by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to
782 *administer or* assist with the administration of insulin or ~~administer~~ glucagon to a student diagnosed as
783 having diabetes and who requires insulin injections during the school day or for whom glucagon has been
784 prescribed for the emergency treatment of hypoglycemia. ~~Such authorization shall only be effective when a~~

785 licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present to
786 perform the administration of the medication.

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

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

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

806 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
807 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not
808 physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under
809 the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established
810 protocols of the Department of Health may authorize the administration of vaccines to any person by a
811 pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support
812 certificate issued by the Commissioner of Health under the direction of an operational medical director when
813 the prescriber is not physically present. The emergency medical services provider shall provide

814 documentation of the vaccines to be recorded in the Virginia Immunization Information System.

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

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

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

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

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

843 Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student
844 in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

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

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

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

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

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

895 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care
896 technicians who are certified by an organization approved by the Board of Health Professions or persons
897 authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course
898 of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site
899 anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of
900 facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a

901 licensed physician, an advanced practice registered nurse, or a physician assistant and under the immediate
902 and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a
903 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the
904 clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee
905 is identified as a "trainee" while working in a renal dialysis facility.

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

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

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

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

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

923 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by
924 a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
925 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
926 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
927 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a
928 health care provider providing services in a hospital emergency department, and emergency medical services
929 personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for

930 overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to
931 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to
932 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.
933 Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science,
934 employees of the Office of the Chief Medical Examiner, employees of the Department of General Services
935 Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the
936 Director of the Department of Corrections or designated as probation and parole officers or as correctional
937 officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and
938 parole officers or as juvenile correctional officers, employees of regional jails, employees of any state agency,
939 school nurses, local health department employees that are assigned to a public school pursuant to an
940 agreement between the local health department and the school board, school board employees who have
941 completed training and are certified in the administration of an opioid antagonist for overdose reversal by a
942 program administered or authorized by the Department of Health, other school board employees or
943 individuals contracted by a school board to provide school health services, and firefighters may also possess
944 and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or
945 other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a
946 prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with
947 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
948 Department of Health.

949 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a
950 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
951 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
952 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
953 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person
954 may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than
955 naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols
956 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
957 Health.

958 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an

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

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

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

- 988 **2. That the Department of Education, in collaboration with the Department of Health and the Board of**
989 **Medicine, shall review and revise in accordance with the provisions of this act the Diabetes**
990 **Management in School: Manual for Unlicensed Personnel published by the Department of Education**
991 **and shall include recommendations for the training of school bus drivers who are responsible for the**
992 **transportation of students diagnosed with diabetes to and from school.**
- 993 **3. That the Board of Education shall promulgate and amend any regulations as necessary in**
994 **accordance with the provisions of this act.**
- 995 **4. That the Department of Education, in collaboration with the Department of Health, shall make**
996 **available to each school board by September 1, 2025, a list of all training programs, curricula, courses,**
997 **or modules approved by the Department of Education and the Department of Health, for the purposes**
998 **of providing each level of diabetes training required pursuant to subsections G and H of §**
999 **22.1-274.01:1 of the Code of Virginia, as amended by this act.**