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SENATE BILL NO. 1036
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the House Committee on Education
on February 12, 2025)
(Patron Prior to Substitute—Senator Pekarsky)

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

Be it enacted by the General Assembly of Virginia:

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

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

A. Any person who:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

118 14. Is an employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the
119 Board of Education, or an employee of a private school that is accredited pursuant to § 22.1-19 as
120 administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in

121 the administration of epinephrine and who administers or assists in the administration of epinephrine to a
 122 student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine,
 123 shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the
 124 rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision,
 125 the school shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting
 126 from such administration or assistance.

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

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

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

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

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

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

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

179 22. Is an employee of a school board, school for students with disabilities as defined in § 22.1-319
 180 licensed by the Board of Education, or private school accredited pursuant to § 22.1-19 as administered by the
 181 Virginia Council for Private Education who is trained in the administration of injected medications for the

182 treatment of adrenal crisis resulting from a condition causing adrenal insufficiency and who administers or
183 assists in the administration of such medications to a student diagnosed with a condition causing adrenal
184 insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis
185 pursuant to a written order or standing protocol issued by a prescriber within the course of his professional
186 practice and in accordance with the prescriber's instructions shall not be liable for any civil damages for
187 ordinary negligence in acts or omissions resulting from the rendering of such treatment.

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

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

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

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

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

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

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

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

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

243 Any licensed physician serving without compensation as a supervisor of an AED in the Commonwealth

244 shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in
 245 good faith to the owner of the AED relating to personnel training, local emergency medical services
 246 coordination, protocol approval, AED deployment strategies, and equipment maintenance plans and records
 247 unless such act or omission was the result of such physician's gross negligence or willful misconduct.

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

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

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

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

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

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

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

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

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

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

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

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

303 5. Self-administration of inhaled asthma medications and auto-injectable epinephrine to be consistent with
 304 the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care

305 Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

364 **§ 22.1-274.6. Seizure management and action plan; training.**

365 A. The parent or guardian of a student with a diagnosed seizure disorder may submit to the local school

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

377 B. Each local school division shall require all school nurses employed by the division to complete, on a
 378 biennial basis, a Board of Education-approved online course of instruction for school nurses regarding
 379 treating students with seizures and seizure disorders that includes information about seizure recognition and
 380 related first aid. Approved training programs shall be fully consistent with training programs and guidelines
 381 developed by the Epilepsy Foundation of America and any successor organization.

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

388 **§ 54.1-3408. Professional use by practitioners.**

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

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

- 399 1. A nurse, physician assistant, or intern under his direction and supervision;
- 400 2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or
 401 facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of
 402 Behavioral Health and Developmental Services who administer drugs under the control and supervision of
 403 the prescriber or a pharmacist;
- 404 3. Emergency medical services personnel certified and authorized to administer drugs and devices
 405 pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to
 406 an oral or written order or standing protocol;
- 407 4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have a
 408 valid emergency medical services provider certification issued by the Board of Health as a requirement of
 409 being employed or engaged at the medical care facility within the scope of such certification, pursuant to an
 410 oral or written order or standing protocol to administer drugs and devices at the medical care facility; or
- 411 5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled
 412 substances used in inhalation or respiratory therapy.

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

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

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

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

427 Pursuant to an order or standing protocol that shall be issued by the local health director within the course

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

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

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

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

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

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

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

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

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

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

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

480 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
481 his professional practice, and in accordance with policies and guidelines established by the Department of
482 Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses
483 under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative
484 (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent
485 with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing
486 transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently
487 implemented standards of the Occupational Safety and Health Administration and the Department of Labor
488 and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines.

489 Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be
490 administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The
491 prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in
492 the practice and principles underlying tuberculin screening.

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

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

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

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

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

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

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

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

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

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

550 L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed

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

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

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

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

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

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

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

610 R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his
611 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to

612 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid
613 prescriptions.

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

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

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

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

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

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

642 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by
643 a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
644 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
645 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
646 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a
647 health care provider providing services in a hospital emergency department, and emergency medical services
648 personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for
649 overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to
650 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to
651 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.
652 Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science,
653 employees of the Office of the Chief Medical Examiner, employees of the Department of General Services
654 Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the
655 Director of the Department of Corrections or designated as probation and parole officers or as correctional
656 officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and
657 parole officers or as juvenile correctional officers, employees of regional jails, employees of any state agency,
658 school nurses, local health department employees that are assigned to a public school pursuant to an
659 agreement between the local health department and the school board, school board employees who have
660 completed training and are certified in the administration of an opioid antagonist for overdose reversal by a
661 program administered or authorized by the Department of Health, other school board employees or
662 individuals contracted by a school board to provide school health services, and firefighters may also possess
663 and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or
664 other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a
665 prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with
666 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
667 Department of Health.

668 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a
669 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
670 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
671 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
672 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person

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

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

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

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

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

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