

14101450D

SENATE BILL NO. 532

Offered January 8, 2014

Prefiled January 8, 2014

A BILL to amend and reenact §§ 8.01-225, 22.1-274, and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 22.1-274.01:1, relating to the care of students diagnosed with diabetes.

Patron—Stuart

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225, 22.1-274, and 54.1-3408 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 22.1-274.01:1 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.

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 technician certified by the Board 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, rescue or emergency squad, 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 care attendant or technician 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 use of an AED in an emergency where the person performing the defibrillation acts as

INTRODUCED

SB532

59 an ordinary, reasonably prudent person would have acted under the same or similar circumstances,
60 unless such personal injury results from gross negligence or willful or wanton misconduct of the person
61 rendering such emergency care.

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

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

78 10. Is an employee of a school board *or an employee of a local health department approved by the*
79 *local governing body to provide health services pursuant to subsection A of § 22.1-274*, authorized by a
80 prescriber and trained in the administration of insulin and glucagon, who, upon the written request of the
81 parents as defined in § 22.1-1, assists with the administration of insulin or *provides or administers*
82 glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day
83 or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be
84 liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of
85 such treatment if the insulin is administered according to the child's medication schedule or such
86 employee has reason to believe that the individual receiving the glucagon is suffering or is about to
87 suffer life-threatening hypoglycemia. Whenever any employee of a school board *or local health*
88 *department* is covered by the immunity granted ~~herein~~ *in this subdivision*, the school board *or local*
89 *health department* employing him shall not be liable for any civil damages for ordinary negligence in
90 acts or omissions resulting from the rendering of such insulin or glucagon treatment.

91 11. Is a school nurse, an employee of a school board, an employee of a local governing body, or an
92 employee of a local health department who is authorized by a prescriber and trained in the
93 administration of epinephrine and who provides, administers, or assists in the administration of
94 epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber
95 of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions
96 resulting from the rendering of such treatment.

97 12. Is an employee of a provider licensed by the Department of Behavioral Health and
98 Developmental Services, or provides services pursuant to a contract with a provider licensed by the
99 Department of Behavioral Health and Developmental Services, who has been trained in the
100 administration of insulin and glucagon and who administers or assists with the administration of insulin
101 or administers glucagon to a person diagnosed as having diabetes who requires insulin injections or for
102 whom glucagon has been prescribed for the emergency treatment of hypoglycemia in accordance with
103 § 54.1-3408 shall not be liable for any civil damages for ordinary negligence in acts or omissions
104 resulting from the rendering of such treatment if the insulin is administered in accordance with the
105 prescriber's instructions or such person has reason to believe that the individual receiving the glucagon is
106 suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a provider
107 licensed by the Department of Behavioral Health and Developmental Services or a person who provides
108 services pursuant to a contract with a provider licensed by the Department of Behavioral Health and
109 Developmental Services is covered by the immunity granted herein, the provider shall not be liable for
110 any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such
111 insulin or glucagon treatment.

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

119 14. In good faith and without compensation, administers naloxone in an emergency to an individual
120 who is experiencing or is about to experience a life-threatening opiate overdose shall not be liable for

121 any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such
122 treatment if such administering person is a participant in a pilot program conducted by the Department
123 of Behavioral Health and Developmental Services on the administration of naloxone for the purpose of
124 counteracting the effects of opiate overdose.

125 B. Any licensed physician serving without compensation as the operational medical director for a
126 licensed emergency medical services agency in the Commonwealth shall not be liable for any civil
127 damages for any act or omission resulting from the rendering of emergency medical services in good
128 faith by the personnel of such licensed agency unless such act or omission was the result of such
129 physician's gross negligence or willful misconduct.

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

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

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

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

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

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

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

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

173 E. [Expired.]

174 F. For the purposes of this section, the term "compensation" shall not be construed to include (i) the
175 salaries of police, fire, or other public officials or personnel who render such emergency assistance, (ii)
176 the salaries or wages of employees of a coal producer engaging in emergency medical technician service
177 or first aid service pursuant to the provisions of § 45.1-161.38, 45.1-161.101, 45.1-161.199, or
178 45.1-161.263, (iii) complimentary lift tickets, food, lodging, or other gifts provided as a gratuity to
179 volunteer members of the National Ski Patrol System, Inc., by any resort, group, or agency, (iv) the
180 salary of any person who (a) owns an AED for the use at the scene of an emergency, (b) trains
181 individuals, in courses approved by the Board of Health, to operate AEDs at the scene of emergencies,

182 (c) orders AEDs for use at the scene of emergencies, or (d) operates an AED at the scene of an
 183 emergency, or (v) expenses reimbursed to any person providing care or assistance pursuant to this
 184 section.

185 For the purposes of this section, an emergency medical care attendant or technician shall be deemed
 186 to include a person licensed or certified as such or its equivalent by any other state when he is
 187 performing services which he is licensed or certified to perform by such other state in caring for a
 188 patient in transit in the Commonwealth, which care originated in such other state.

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

191 **§ 22.1-274. School health services.**

192 A. A school board shall provide pupil personnel and support services in compliance with
 193 § 22.1-253.13:2. A school board may employ school nurses, physicians, physical therapists, occupational
 194 therapists, and speech therapists. No such personnel shall be employed unless they meet such standards
 195 as may be determined by the Board of Education. Subject to the approval of the appropriate local
 196 governing body, a local health department may provide personnel for health services for the school
 197 division.

198 B. In implementing subsection O of § 22.1-253.13:2, relating to providing support services that are
 199 necessary for the efficient and cost-effective operation and maintenance of its public schools, each
 200 school board may strive to employ, or contract with local health departments for, nursing services
 201 consistent with a ratio of at least one nurse (i) per 2,500 students by July 1, 1996; (ii) per 2,000
 202 students by July 1, 1997; (iii) per 1,500 students by July 1, 1998; and (iv) per 1,000 students by July 1,
 203 1999. In those school divisions in which there are more than 1,000 students in average daily
 204 membership in school buildings, this section shall not be construed to encourage the employment of
 205 more than one nurse per school building. Further, this section shall not be construed to mandate the
 206 aspired-to ratios.

207 C. The Board of Education shall monitor the progress in achieving the ratios set forth in subsection
 208 B and any subsequent increase in prevailing statewide costs, and the mechanism for funding health
 209 services, pursuant to subsection O of § 22.1-253.13:2 and the appropriation act. The Board shall also
 210 determine how school health funds are used and school health services are delivered in each locality and
 211 shall provide, by December 1, 1994, a detailed analysis of school health expenditures to the House
 212 Committee on Education, the House Committee on Appropriations, the Senate Committee on Education
 213 and Health, and the Senate Committee on Finance.

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

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

223 E. Each school board shall ensure that in school buildings with an instructional and administrative
 224 staff of 10 or more (i) at least three employees have current certification or training in emergency first
 225 aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator and (ii) if one or
 226 more students diagnosed as having diabetes attend such school, at least two employees have been trained
 227 in the administration of insulin and glucagon. In school buildings with an instructional and
 228 administrative staff of fewer than 10, school boards shall ensure that (a) at least two employees have
 229 current certification or training in emergency first aid, cardiopulmonary resuscitation, and the use of an
 230 automated external defibrillator and (b) if one or more students diagnosed as having diabetes attend such
 231 school, at least ~~one employee has~~ *two other employees have* been trained in the administration of insulin
 232 and glucagon. "Employee" includes any person employed by a local health department who is assigned
 233 to the public school pursuant to an agreement between the local health department and the school board.
 234 When a registered nurse, nurse practitioner, physician, or physician assistant is present, no employee
 235 who is not a registered nurse, nurse practitioner, physician, or physician assistant shall assist with the
 236 administration of insulin or administer glucagon *but nothing in this subsection shall be construed to*
 237 *limit the requirement described in subsection E that at least two employees have been trained in the*
 238 *administration of insulin and glucagon.* Prescriber authorization and parental consent shall be obtained
 239 for any employee who is not a registered nurse, nurse practitioner, physician, or physician assistant to
 240 assist with the administration of insulin and administer glucagon.

241 **§ 22.1-274.01:1. Care of students who have been diagnosed with diabetes.**

242 A. For the purposes of this section:

243 "Delegated care aide" means any employee of a school board, except for a school nurse or any

244 employee of a local health department approved by the local governing body to provide health services
 245 pursuant to subsection A of § 22.1-274, who has entered into an agreement with the parents of a student
 246 diagnosed with diabetes in which the employee has agreed to assist the student to manage his diabetes
 247 when a school nurse or physician is not present in the school or at a school-sponsored activity and who
 248 receives training in diabetes care, including the administration of insulin and glucagon.

249 "Diabetes care plan" means an agreement between parents and a delegated care aide that sets forth
 250 the care that a student diagnosed with diabetes requires and that the delegated care aide may provide
 251 in the event that a school nurse or physician is not present in the school or at a school-sponsored
 252 activity.

253 "Parents" means any parent, guardian, legal custodian, or other person having control or charge of
 254 a child.

255 "Physician" means a person licensed to practice medicine or osteopathy in the Commonwealth
 256 pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1.

257 "School nurse" means any nurse practitioner, registered nurse, licensed practical nurse, or certified
 258 nurse aide who is an employee of a school board, who has been trained in the administration of insulin
 259 and glucagon, and who has been authorized by a physician, in a written order or standing protocol, to
 260 provide diabetes care, including the administration of insulin and glucagon.

261 B. The parents of each student who has been diagnosed with any form of diabetes and who attends a
 262 public elementary or secondary school shall develop, sign, and submit in advance of each school year,
 263 or as soon as is practicable after the student has been diagnosed with diabetes, a diabetes care plan to
 264 a school nurse. The provisions of the diabetes care plan shall be reasonable and shall include (i)
 265 instructions from the student's physician regarding proper management of the student's diabetes during
 266 the school day or at a school-sponsored activity; (ii) copies of any prescriptions signed by the student's
 267 physician; (iii) any special instructions from the student's physician regarding the administration of
 268 insulin or glucagon; (iv) any special requirements regarding the student's diet or monitoring of the
 269 student's blood glucose levels; (v) a written order or standing protocol from the student's physician
 270 authorizing the delegated care aide to possess and administer insulin or glucagon to the student when a
 271 school nurse or physician is not present in the school or at a school-sponsored activity; (vi) procedures
 272 to be followed by the delegated care aide regarding contacting the parents, the physician, or a school
 273 nurse to confirm that a certain insulin dosage is appropriate; (vii) a blank space where the delegated
 274 care aide shall record all glucometer readings performed and insulin or glucagon administered during
 275 any school day; (viii) procedures to be followed by the delegated care aide in emergency situations; and
 276 (ix) emergency contact information.

277 C. The parents of each student who has been diagnosed with diabetes shall notify a school nurse and
 278 the delegated care aide when the student's needs change during the school year and shall update the
 279 diabetes care plan accordingly. Parents shall also be responsible for informing the school in a timely
 280 manner of any changes to their emergency contact information.

281 D. Each delegated care aide shall be trained, as soon as is practicable after he has been delegated,
 282 by a physician with expertise in diabetes or a certified diabetes educator to perform the tasks necessary
 283 to assist the student who has been diagnosed with diabetes in accordance with the diabetes care plan,
 284 including:

- 285 1. Checking blood glucose levels and recording the results;
- 286 2. Recognizing and responding to the symptoms of hyperglycemia according to the diabetes care
 287 plan;
- 288 3. Administering insulin according to the student's diabetes care plan and keeping a record of the
 289 amount administered;
- 290 4. Recognizing and responding to the symptoms of hypoglycemia according to the diabetes care plan;
- 291 5. Administering glucagon according to the student's diabetes care plan and keeping a record of the
 292 amount administered;
- 293 6. Estimating the number of carbohydrates in a snack or lunch; and
- 294 7. Responding in situations involving the student who has been diagnosed with diabetes that require
 295 emergency medical attention.

296 E. No student shall be prohibited from wearing or using an insulin pump. Each delegated care aide
 297 for a student wearing or using an insulin pump shall be trained, as soon as is practicable after he has
 298 been delegated, by a pump trainer in: (i) administering a bolus of insulin via the pump, (ii) entering a
 299 blood sugar reading to the pump, (iii) entering a carbohydrate count to the pump, (iv) removing or
 300 stopping the flow of insulin from the pump, and (v) changing the battery in the pump.

301 F. Each delegated care aide shall perform the duties necessary to assist a student diagnosed with
 302 diabetes in accordance with the student's diabetes care plan, employing the training that the delegated
 303 care aide received pursuant to subsection D. Each delegated care aide shall possess insulin or glucagon
 304 only for the purpose of administering it to a student diagnosed with diabetes when a school nurse or

305 physician is not present in the school or at a school-sponsored activity. Delegated care aides may
306 consult with and receive technical assistance from a school nurse and the student's physician when
307 necessary. When an unexpected snack or meal requires a dose of insulin that is not anticipated by a
308 student's diabetes care plan, the delegated care aide shall consult with the parents, the physician, or a
309 school nurse to confirm that the insulin dosage is appropriate based on the contents of the snack or
310 meal that the student may consume and the student's blood glucose level, as determined by a glucometer
311 reading.

312 G. The parents of any student who has been diagnosed with diabetes may authorize the student, in
313 the diabetes care plan, to possess at all times the supplies and equipment necessary to monitor and treat
314 his diabetes, to check and record his own blood glucose levels, to administer his own glucagon for the
315 nonemergency treatment of hypoglycemia, and to administer his own insulin in lieu of having it
316 administered by a delegated care aide, school nurse, or physician.

317 H. In any school at which a student diagnosed with diabetes is in attendance, all school employees
318 shall receive basic training, coordinated by the school board and consistent with guidelines established
319 by the Board, in diabetes care, including identification of situations involving a student diagnosed with
320 diabetes that require emergency medical attention and the proper entities or individuals to contact in
321 such situations.

322 I. Each delegated care aide shall provide an information sheet to any school board employee who
323 transports a student to or from a school-sponsored activity. The information sheet shall identify the
324 student diagnosed with diabetes, identify emergencies that may occur as a result of the student's
325 diabetes, identify the appropriate responses to such emergencies, and provide emergency contact
326 information.

327
328 J. In any school at which a student diagnosed with diabetes is in attendance, the school shall possess
329 an emergency supply of glucagon in addition to any glucagon provided to the school by the parent of
330 such a student.

331 K. No school board shall prohibit a student from attending a school within the local school division
332 or from attending a school-sponsored activity on the basis that the student has been diagnosed with
333 diabetes.

334 L. No school nurse or delegated care aide shall be disciplined, placed on probation, or dismissed for
335 ordinary negligence in acts or omissions made during the care of a student who has been diagnosed
336 with diabetes.

337 M. Nothing in this section shall limit any rights available under federal law.

338 **§ 54.1-3408. Professional use by practitioners.**

339 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed
340 nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or
341 a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only
342 prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic
343 purposes within the course of his professional practice.

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

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

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

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

355 4. A licensed respiratory care practitioner as defined in § 54.1-2954 who administers by inhalation
356 controlled substances used in inhalation or respiratory therapy.

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

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

366 Pursuant to the regulations of the Board of Health, certain emergency medical services technicians

367 may possess and administer epinephrine in emergency cases of anaphylactic shock.

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

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

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

380 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course
381 of his professional practice, such prescriber may authorize licensed athletic trainers to possess and
382 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs, or to possess and
383 administer epinephrine for use in emergency cases of anaphylactic shock.

384 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
385 course of his professional practice, and in accordance with policies and guidelines established by the
386 Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or
387 licensed practical nurses under the immediate and direct supervision of a registered nurse to possess and
388 administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of
389 Health's policies and guidelines shall be consistent with applicable guidelines developed by the Centers
390 for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall
391 be updated to incorporate any subsequently implemented standards of the Occupational Safety and
392 Health Administration and the Department of Labor and Industry to the extent that they are inconsistent
393 with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe
394 the categories of persons to whom the tuberculin test is to be administered and shall provide for
395 appropriate medical evaluation of those in whom the test is positive. The prescriber shall ensure that the
396 nurse implementing such standing protocols has received adequate training in the practice and principles
397 underlying tuberculin screening.

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

402 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
403 professional practice, such prescriber may authorize, ~~with the consent of the parents as defined in~~
404 ~~§ 22.1-1~~, an employee of a school board or an employee of a local health department approved by the
405 local governing body to provide health services pursuant to subsection A of § 22.1-274 who is trained in
406 the administration of insulin and glucagon to possess glucagon, and with the consent of the parents as
407 defined in § 22.1-1, to assist with the administration of insulin or provide or administer glucagon to a
408 student diagnosed as having diabetes and who requires insulin injections during the school day or for
409 whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization
410 shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not
411 present to perform the administration of the medication.

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

420 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
421 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is
422 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses
423 under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in
424 accordance with established protocols of the Department of Health may authorize the administration of
425 vaccines to any person by a pharmacist, nurse, certified emergency medical technician-intermediate, or
426 emergency medical technician-paramedic under the direction of an operational medical director when the
427 prescriber is not physically present. Emergency medical services personnel shall provide documentation

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

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

431 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
432 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
433 supervision, as defined in § 54.1-2722, to possess and administer topical oral fluorides, topical oral
434 anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions,
435 as well as any other Schedule VI topical drug approved by the Board of Dentistry.

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

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

444 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
445 completed a training program for this purpose approved by the Board of Nursing and who administers
446 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
447 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
448 security and record keeping, when the drugs administered would be normally self-administered by (i) an
449 individual receiving services in a program licensed by the Department of Behavioral Health and
450 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
451 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
452 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
453 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of
454 any facility authorized or operated by a state or local government whose primary purpose is not to
455 provide health care services; (vi) a resident of a private children's residential facility, as defined in §
456 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of
457 Behavioral Health and Developmental Services; or (vii) a student in a school for students with
458 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

481 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in
482 a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a
483 local government pursuant to § 15.2-914, or (ii) a student at a private school that complies with the
484 accreditation requirements set forth in § 22.1-19 and is accredited by the Virginia Council for Private
485 Education, provided such person (a) has satisfactorily completed a training program for this purpose
486 approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of
487 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or
488 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with
489 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)

490 administers only those drugs that were dispensed from a pharmacy and maintained in the original,
 491 labeled container that would normally be self-administered by the child or student, or administered by a
 492 parent or guardian to the child or student.

493 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
 494 persons if they are authorized by the State Health Commissioner in accordance with protocols
 495 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has
 496 declared a disaster or a state of emergency or the United States Secretary of Health and Human Services
 497 has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public
 498 health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such
 499 persons have received the training necessary to safely administer or dispense the needed drugs or
 500 devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and
 501 supervision of the State Health Commissioner.

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

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

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

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

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

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

529 V. A nurse or a dental hygienist may possess and administer topical fluoride varnish to the teeth of
 530 children aged six months to three years pursuant to an oral or written order or a standing protocol issued
 531 by a doctor of medicine, osteopathic medicine, or dentistry that conforms to standards adopted by the
 532 Virginia Department of Health.

533 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may
 534 authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse,
 535 licensed practical nurse under the direction and immediate supervision of a registered nurse, certified
 536 emergency medical technician-intermediate, or emergency medical technician-paramedic when the
 537 prescriber is not physically present.

538 X. Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot
 539 programs conducted by the Department of Behavioral Health and Developmental Services, a person may
 540 obtain a prescription for a family member or a friend and may possess and administer naloxone for the
 541 purpose of counteracting the effects of opiate overdose.

542 **2. That the Department of Education shall convene a workgroup consisting of representatives from**
 543 **the Department; the Board of Nursing, the Department of Health, Virginia School Boards**
 544 **Association, the Virginia Education Association, the Virginia Diabetes Council, parents of public**
 545 **school students diagnosed with diabetes, and other interested stakeholders to (i) identify any issues**
 546 **with the management of in school care of Virginia public school students who have been diagnosed**
 547 **with diabetes, and (ii) identify any necessary legislative or regulatory changes to correct such**
 548 **identified issues. The work group shall report its findings and recommendations to the General**
 549 **Assembly and the Board of Education by October 1, 2014.**