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HOUSE BILL NO. 1833

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Governor  
on March 27, 2015)

(Patron Prior to Substitute—Delegate Gilbert)

A BILL to amend and reenact §§ 8.01-225 and 54.1-3408 of the Code of Virginia, relating to prescription, distribution, and administration of naloxone or other opioid antagonist.

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225 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.

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

8. Maintains an AED located on real property owned or controlled by such person shall be immune from civil liability for any personal injury that results from any act or omission in the use in an

60 emergency of an AED located on such property unless such personal injury results from gross  
61 negligence or willful or wanton misconduct of the person who maintains the AED or his agent or  
62 employee.

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

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

84 11. Is an employee of a school board, authorized by a prescriber and trained in the administration of  
85 insulin and glucagon, who, upon the written request of the parents as defined in § 22.1-1, assists with  
86 the administration of insulin or administers glucagon to a student diagnosed as having diabetes who  
87 requires insulin injections during the school day or for whom glucagon has been prescribed for the  
88 emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence  
89 in acts or omissions resulting from the rendering of such treatment if the insulin is administered  
90 according to the child's medication schedule or such employee has reason to believe that the individual  
91 receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any  
92 employee of a school board is covered by the immunity granted herein, the school board employing him  
93 shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the  
94 rendering of such insulin or glucagon treatment.

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

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

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

122 resulting from the rendering of such treatment.

123 15. In good faith and ~~without compensation~~, *prescribes, dispenses, or administers naloxone or other*  
124 *opioid antagonist used for overdose reversal* in an emergency to an individual who is *believed to be*  
125 *experiencing or is about to experience a life-threatening opiate overdose* shall not be liable for any civil  
126 damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if  
127 ~~such administering person is a participant in a pilot program conducted by the Department of Behavioral~~  
128 ~~Health and Developmental Services on the administration of naloxone for the purpose of counteracting~~  
129 ~~the effects of opiate overdose acting in accordance with the provisions of subsection X of § 54.1-3408~~  
130 ~~or in his role as a member of an emergency medical services agency.~~

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

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

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

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

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

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

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

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

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

179 E. ~~[Expired.]~~

180 F. For the purposes of this section, the term "compensation" shall not be construed to include (i) the  
181 salaries of police, fire, or other public officials or personnel who render such emergency assistance, (ii)  
182 the salaries or wages of employees of a coal producer engaging in emergency medical technician service

183 or first aid service pursuant to the provisions of § 45.1-161.38, 45.1-161.101, 45.1-161.199, or  
184 45.1-161.263, (iii) complimentary lift tickets, food, lodging, or other gifts provided as a gratuity to  
185 volunteer members of the National Ski Patrol System, Inc., by any resort, group, or agency, (iv) the  
186 salary of any person who (a) owns an AED for the use at the scene of an emergency, (b) trains  
187 individuals, in courses approved by the Board of Health, to operate AEDs at the scene of emergencies,  
188 (c) orders AEDs for use at the scene of emergencies, or (d) operates an AED at the scene of an  
189 emergency, or (v) expenses reimbursed to any person providing care or assistance pursuant to this  
190 section.

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

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

197 **§ 54.1-3408. Professional use by practitioners.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

261 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his  
 262 professional practice, such prescriber may authorize, with the consent of the parents as defined in  
 263 § 22.1-1, an employee of a school board who is trained in the administration of insulin and glucagon to  
 264 assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes  
 265 and who requires insulin injections during the school day or for whom glucagon has been prescribed for  
 266 the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed  
 267 nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of  
 268 the medication.

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

277 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the  
 278 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is  
 279 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses  
 280 under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in  
 281 accordance with established protocols of the Department of Health may authorize the administration of  
 282 vaccines to any person by a pharmacist, nurse, certified emergency medical technician-intermediate, or  
 283 emergency medical technician-paramedic under the direction of an operational medical director when the  
 284 prescriber is not physically present. Emergency medical services personnel shall provide documentation  
 285 of the vaccines to be recorded in the Virginia Immunization Information System.

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

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

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

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

301 L. This section shall not prevent the administration of drugs by a person who has satisfactorily  
 302 completed a training program for this purpose approved by the Board of Nursing and who administers  
 303 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of  
 304 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to  
 305 security and record keeping, when the drugs administered would be normally self-administered by (i) an

306 individual receiving services in a program licensed by the Department of Behavioral Health and  
307 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision  
308 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the  
309 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program  
310 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of  
311 any facility authorized or operated by a state or local government whose primary purpose is not to  
312 provide health care services; (vi) a resident of a private children's residential facility, as defined in  
313 § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department  
314 of Behavioral Health and Developmental Services; or (vii) a student in a school for students with  
315 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

338 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in  
339 a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a  
340 local government pursuant to § 15.2-914, or (ii) a student at a private school that complies with the  
341 accreditation requirements set forth in § 22.1-19 and is accredited by the Virginia Council for Private  
342 Education, provided such person (a) has satisfactorily completed a training program for this purpose  
343 approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of  
344 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or  
345 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with  
346 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)  
347 administers only those drugs that were dispensed from a pharmacy and maintained in the original,  
348 labeled container that would normally be self-administered by the child or student, or administered by a  
349 parent or guardian to the child or student.

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

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

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

365 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care  
366 technicians who are certified by an organization approved by the Board of Health Professions or persons  
367 authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary

368 course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical  
369 needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the  
370 purpose of facilitating renal dialysis treatment, when such administration of medications occurs under the  
371 orders of a licensed physician, nurse practitioner, or physician assistant and under the immediate and  
372 direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a  
373 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of  
374 the clinical skills instruction segment of a supervised dialysis technician training program, provided such  
375 trainee is identified as a "trainee" while working in a renal dialysis facility.

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

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

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

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

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

395 X. Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot  
396 programs conducted by the Department of Behavioral Health and Developmental Services, a person may  
397 obtain a prescription for a family member or a friend and may possess and administer naloxone for the  
398 purpose of counteracting the effects of opiate overdose, pursuant to an oral, written, or standing order  
399 issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in  
400 consultation with the Board of Medicine and the Department of Health, a pharmacist may dispense  
401 naloxone or other opioid antagonist used for overdose reversal and a person may possess and  
402 administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed  
403 to be experiencing or about to experience a life-threatening opiate overdose. Law-enforcement officers  
404 as defined in § 9.1-101 and firefighters who have completed a training program may also possess and  
405 administer naloxone in accordance with protocols developed by the Board of Pharmacy in consultation  
406 with the Board of Medicine and the Department of Health.

407 **2. That an emergency exists and this act is in force from its passage.**