

SENATE BILL NO. _____ HOUSE BILL NO. _____

1 A BILL to amend and reenact §§ 22.1-274, 22.1-274.2, 22.1-274.4:1, and 22.1-274.6 of the Code of
2 Virginia, relating to student medication and health management; scope of certain provisions; pre-
3 kindergarten programs.

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

5 **1. That §§ 22.1-274, 22.1-274.2, 22.1-274.4:1, and 22.1-274.6 of the Code of Virginia are amended**
6 **and reenacted as follows:**

7 **§ 22.1-274. School health services.**

8 A. A school board shall provide pupil personnel and support services in compliance with § 22.1-
9 253.13:2. A school board may employ school nurses, physicians, physical therapists, occupational
10 therapists, and speech therapists. No such personnel shall be employed unless they meet such standards
11 as may be determined by the Board. Subject to the approval of the appropriate local governing body, a
12 local health department may provide personnel for health services for the school division.

13 B. In implementing subsection P of § 22.1-253.13:2, relating to providing support services that are
14 necessary for the efficient and cost-effective operation and maintenance of its public schools, each school
15 board may strive to employ, or contract with local health departments for, nursing services consistent with
16 a ratio of at least one nurse per 1,000 students. In those school divisions in which there are more than
17 1,000 students in average daily membership in school buildings, this section shall not be construed to
18 encourage the employment of more than one nurse per school building. Further, this section shall not be
19 construed to mandate the aspired-to ratios.

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

24 D. With the exception of school administrative personnel and persons employed by school boards
25 who have the specific duty to deliver health-related services, no licensed instructional employee,

instructional aide, or clerical employee shall be disciplined, placed on probation, or dismissed on the basis of such employee's refusal to (i) perform nonemergency health-related services for students or (ii) obtain training in the administration of insulin and glucagon. However, instructional aides and clerical employees may not refuse to dispense oral medications.

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

E. Each school board shall ensure that in school buildings with an instructional and administrative staff of 10 or more (i) at least three employees have current certification or training in emergency first aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator and (ii) if one or more students diagnosed as having diabetes attend such school, at least two employees have been trained in the administration of insulin and glucagon. In school buildings with an instructional and administrative staff of fewer than 10, school boards shall ensure that (a) at least two employees have current certification or training in emergency first aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator and (b) if one or more students diagnosed as having diabetes, [including any student enrolled in a pre-kindergarten program](#), attend such school, at least one employee has been trained in the administration of insulin and glucagon. For purposes of this subsection, "employee" includes any person employed by a local health department who is assigned to the public school pursuant to an agreement between the local health department and the school board. When a registered nurse, advanced practice registered nurse, physician, or physician assistant is present, no employee who is not a registered nurse, advanced practice registered nurse, physician, or physician assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and parental consent shall be obtained for any employee who is not a registered nurse, advanced practice registered nurse, physician, or physician assistant to assist with the administration of insulin and administer glucagon [to any student, including any student enrolled in a pre-kindergarten program](#).

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

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

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

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

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

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

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

79 Health Care Procedure Manuals, which are jointly issued by the Department of Education and the
80 Department of Health.

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

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

89 C. Local school boards shall adopt and implement policies for the possession and administration
90 of epinephrine in every school, to be administered by any school nurse, employee of the school board,
91 employee of a local governing body, or employee of a local health department who is authorized by a
92 prescriber and trained in the administration of epinephrine to any student believed to be having an
93 anaphylactic reaction, [including any student enrolled in a pre-kindergarten program in such school](#). Such
94 policies shall require that at least one school nurse, employee of the school board, employee of a local
95 governing body, or employee of a local health department who is authorized by a prescriber and trained
96 in the administration of epinephrine has the means to access at all times during regular school hours any
97 such epinephrine that is stored in a locked or otherwise generally inaccessible container or area.

98 D. Each local school board shall adopt and implement policies for the possession and
99 administration of undesignated stock albuterol inhalers and valved holding chambers in every public
100 school in the local school division, to be administered by any school nurse, licensed athletic trainer under
101 contract with a local school division, employee of the school board, employee of a local governing body,
102 or employee of a local health department who is authorized by the local health director and trained in the
103 administration of albuterol inhalers and valved holding chambers for any student believed in good faith to
104 be in need of such medication, [including any student enrolled in a pre-kindergarten program in such](#)
105 [school](#).

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

1. One or more locations in each public elementary or secondary school in the local school division in which doses of such undesignated glucagon shall be stored;
2. The conditions under which doses of such undesignated glucagon shall be stored, replaced, and disposed;
3. The individuals who are authorized to access and administer doses of such undesignated glucagon in an emergency and training requirements for such individuals; and
4. A process for requesting emergency medical services and notifying appropriate personnel immediately after a dose of such undesignated glucagon is administered.

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

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

H. Any school board may adopt and implement policies:

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

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

§ 22.1-274.4:1. Opioid antagonist procurement, placement, maintenance, and administration; staff and faculty training; policies and requirements.

A. Each local school board shall develop a plan, in accordance with subsection Y of § 54.1-3408 and the guidelines developed by the Department of Health in collaboration with the Department of Education, for the procurement, placement, and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses for the purposes of opioid overdose reversal. Such plan shall provide for the development and implementation of policies and procedures relating to the procurement, placement, and maintenance of such supply of opioid antagonists in each such school, including policies and procedures:

1. Providing for the placement and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses, including policies and procedures by which each such school shall request a replacement dose of an opioid antagonist any time a dose has expired, is administered for overdose reversal, or is otherwise rendered unusable and by which each such request shall be timely fulfilled;

2. Requiring each such school to inspect its opioid antagonist supply at least annually and maintain a record of the date of inspection, the expiration date on each dose, and, in the event that a dose of such

159 opioid antagonist is administered for overdose reversal to a person who is believed to be experiencing or
160 about to experience a life-threatening opioid overdose, the date of such administration; and

161 3. Relating to the proper and safe storage of such opioid antagonist supply in each such school.

162 B. Each local school board shall, in accordance with the provisions of subsection Y of § 54.1-3408
163 and the guidelines developed by the Department of Health in collaboration with the Department of
164 Education, develop policies and procedures relating to the possession and administration of opioid
165 antagonists by any school nurse or employee of the school board who is authorized by a prescriber and
166 trained in the administration of an opioid antagonist to any student, [including any student enrolled in a](#)
167 [pre-kindergarten program](#), faculty [member](#), or staff member who is believed to be experiencing or about
168 to experience a life-threatening opioid overdose, including:

169 1. Policies requiring each public elementary and secondary school to ensure that at least one
170 employee (i) is authorized by a prescriber and has been trained and is certified in the administration of an
171 opioid antagonist by a program administered or approved by the Department of Health to provide training
172 in opioid antagonist administration and (ii) has the means to access at all times during regular school hours
173 any such opioid antagonist supply that is stored in a locked or otherwise generally inaccessible container
174 or area; and

175 2. Policies and procedures for (i) partnering with a program administered or approved by the
176 Department of Health to provide training in opioid antagonist administration for the purpose of organizing
177 and providing the training and certification required pursuant to subdivision 1 and (ii) maintaining records
178 of each employee of each such public elementary and secondary school who is trained and certified in the
179 administration of an opioid antagonist pursuant to subdivision 1.

180 C. Any employee of any public elementary or secondary school, school board, or local health
181 department who, during regular school hours, on school premises, or during a school-sponsored activity,
182 in good faith administers an opioid antagonist for opioid overdose reversal to any individual who is
183 believed to be experiencing or about to experience a life-threatening opioid overdose, regardless of
184 whether such employee was trained in administration of an opioid antagonist pursuant to subsection B,
185 shall be immune from any disciplinary action or civil or criminal liability for any act or omission made in

connection with the administration of an opioid antagonist in such incident, unless such act or omission was the result of gross negligence or willful misconduct.

D. Each school board shall adopt and each public elementary and secondary school shall implement policies and procedures in accordance with the provisions of this section. Each school board and each public elementary and secondary school shall, in adopting and implementing the policies set forth in this section, utilize to the fullest extent possible programs offered by the Department of Health for the provision of opioid antagonist administration training and certification and the procurement of opioid antagonists for placement in each public elementary and secondary school.

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

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

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

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

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