

# SENATE AMENDMENT NO. \_\_\_\_\_

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend SCS/House Bill No. 1682, Page 6, Section 376.1237, Line 22,

2 by inserting after all of said line the following:

3 "630.175. 1. No person admitted on a voluntary or  
 4 involuntary basis to any mental health facility or mental health  
 5 program in which people are civilly detained pursuant to chapter  
 6 632 and no patient, resident or client of a residential facility  
 7 or day program operated, funded or licensed by the department  
 8 shall be subject to physical or chemical restraint, isolation or  
 9 seclusion unless it is determined by the head of the facility,  
 10 the attending licensed physician, or in the circumstances  
 11 specifically set forth in this section, by an advanced practice  
 12 registered nurse in a collaborative practice arrangement, or a  
 13 physician assistant or an assistant physician with a supervision  
 14 agreement, with the attending licensed physician that the chosen  
 15 intervention is imminently necessary to protect the health and  
 16 safety of the patient, resident, client or others and that it  
 17 provides the least restrictive environment. An advanced practice  
 18 registered nurse in a collaborative practice arrangement, or a  
 19 physician assistant or an assistant physician with a supervision  
 20 agreement, with the attending licensed physician may make a  
 21 determination that the chosen intervention is necessary for  
 22 patients, residents, or clients of facilities or programs

1 operated by the department, in hospitals as defined in section  
2 197.020 that only provide psychiatric care and in dedicated  
3 psychiatric units of general acute care hospitals as hospitals  
4 are defined in section 197.020. Any determination made by the  
5 advanced practice registered nurse, physician assistant, or  
6 assistant physician shall be documented as required in subsection  
7 2 of this section and reviewed in person by the attending  
8 licensed physician if the episode of restraint is to extend  
9 beyond:

10 (1) Four hours duration in the case of a person under  
11 eighteen years of age;

12 (2) Eight hours duration in the case of a person eighteen  
13 years of age or older; or

14 (3) For any total length of restraint lasting more than  
15 four hours duration in a twenty-four-hour period in the case of a  
16 person under eighteen years of age or beyond eight hours duration  
17 in the case of a person eighteen years of age or older in a  
18 twenty-four-hour period.

19  
20 The review shall occur prior to the time limit specified under  
21 subsection 6 of this section and shall be documented by the  
22 licensed physician under subsection 2 of this section.

23 2. Every use of physical or chemical restraint, isolation  
24 or seclusion and the reasons therefor shall be made a part of the  
25 clinical record of the patient, resident or client under the  
26 signature of the head of the facility, or the attending licensed  
27 physician, or the advanced practice registered nurse in a  
28 collaborative practice arrangement, or a physician assistant or  
29 an assistant physician with a supervision agreement, with the

1 attending licensed physician.

2 3. Physical or chemical restraint, isolation or seclusion  
3 shall not be considered standard treatment or habilitation and  
4 shall cease as soon as the circumstances causing the need for  
5 such action have ended.

6 4. The use of security escort devices, including devices  
7 designed to restrict physical movement, which are used to  
8 maintain safety and security and to prevent escape during  
9 transport outside of a facility shall not be considered physical  
10 restraint within the meaning of this section. Individuals who  
11 have been civilly detained under sections 632.300 to 632.475 may  
12 be placed in security escort devices when transported outside of  
13 the facility if it is determined by the head of the facility, or  
14 the attending licensed physician, or the advanced practice  
15 registered nurse in a collaborative practice arrangement, or a  
16 physician assistant or an assistant physician with a supervision  
17 agreement, with the attending licensed physician that the use of  
18 security escort devices is necessary to protect the health and  
19 safety of the patient, resident, client, or other persons or is  
20 necessary to prevent escape. Individuals who have been civilly  
21 detained under sections 632.480 to 632.513 or committed under  
22 chapter 552 shall be placed in security escort devices when  
23 transported outside of the facility unless it is determined by  
24 the head of the facility, or the attending licensed physician, or  
25 the advanced practice registered nurse in a collaborative  
26 practice arrangement, or a physician assistant or an assistant  
27 physician with a supervision agreement, with the attending  
28 licensed physician that security escort devices are not necessary  
29 to protect the health and safety of the patient, resident,

1 client, or other persons or is not necessary to prevent escape.

2 5. Extraordinary measures employed by the head of the  
3 facility to ensure the safety and security of patients,  
4 residents, clients, and other persons during times of natural or  
5 man-made disasters shall not be considered restraint, isolation,  
6 or seclusion within the meaning of this section.

7 6. Orders issued under this section by the advanced  
8 practice registered nurse in a collaborative practice  
9 arrangement, or a physician assistant or an assistant physician  
10 with a supervision agreement, with the attending licensed  
11 physician shall be reviewed in person by the attending licensed  
12 physician of the facility within twenty-four hours or the next  
13 regular working day of the order being issued, and such review  
14 shall be documented in the clinical record of the patient,  
15 resident, or client.

16 7. For purposes of this subsection, "division" shall mean  
17 the division of developmental disabilities. Restraint or  
18 seclusion shall not be used in habilitation centers or community  
19 programs that serve persons with developmental disabilities that  
20 are operated or funded by the division unless such procedure is  
21 part of an emergency intervention system approved by the division  
22 and is identified in such person's individual support plan.  
23 Direct-care staff that serve persons with developmental  
24 disabilities in habilitation centers or community programs  
25 operated or funded by the division shall be trained in an  
26 emergency intervention system approved by the division when such  
27 emergency intervention system is identified in a consumer's  
28 individual support plan."; and

29 Further amend the title and enacting clause accordingly.